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Seniors and Gambling: Exploring the Issues

TECHNICAL REPORT

Prepared for

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Executive Summary

Seniors constitute one of the fastest growing population groups in North America. One of the major life changes experienced by seniors is retirement. Retirement has two primary implications for seniors: a decrease in income and an increase in leisure time. On average, Canadian seniors have 7.8 hours of free time per day (Statistics Canada, 1994). How they spend that time is of social and economic importance.

While many seniors have lived the majority of their lives in a society that has treated gambling activities conservatively, today gambling is legalized, accepted, and mainstream entertainment. Some, such as the Council on Compulsive Gambling of New Jersey (1997) suggest that as high as 5 percent of seniors who gamble are compulsive gamblers. However, there is not a substantial base of research explaining the relationship of increased leisure time to seniors gambling or the extent to which seniors are at risk of becoming addicted to gambling.

To better understand seniors and gambling, the Alberta Alcohol and Drug Abuse Commission (AADAC) contracted Howard Research to conduct a two-phase research study to explore

1. What are the gambling attitudes and behaviours of seniors?
2. What prevention and intervention strategies are most effective for seniors?
3. How universal among Alberta seniors are the answers to questions one and two?

Phase I utilized focus groups/interviews to examine seniors' perspectives, attitudes, and behaviours in relation to gambling. Discussions were held with 101 people, including seniors who gamble, problem gamblers (mix of seniors and non-seniors) and influencers (people who may have an influence on seniors' perspectives and behaviours). Focus group sessions were held in Edmonton, Calgary, Red Deer, Grande Prairie, Medicine Hat, Stettler, and St. Albert. These qualitative data revealed potential issues surrounding seniors and gambling.

Phase II was conducted through telephone survey and explored the extent to which gambling perspectives, attitudes, and behaviours were shared by a random sample of Alberta seniors (n=800, aged 65 to 102 years). In addition to asking questions about gambling related issues, two standardized instruments were administered: the South Oaks Gambling Screen-Revised (SOGS-R) that identifies adults with gambling problems and the Alcohol Use Disorders Identification Test (AUDIT) that identifies adults who have a problem with alcohol consumption. Also, questions were asked to determine seniors' self-perceived health status.

For the most part, findings from Phase I and II data were consistent. What seniors reported in focus groups was supported by data received via telephone surveys with a random sample of seniors.

The majority (67.8%) of seniors in Alberta gamble in one form or another and tend to do so on a monthly basis. In the case of buying lottery tickets or going to bingo, a good percentage (40% plus) of seniors do so weekly. However, seniors are not as likely to categorize lottery, pull, scratch, and raffle ticket buying as gambling activities as they are bingo, video lottery terminals (VLTs), and casino games. Seniors tend to regard lottery, pull, scratch, and raffle ticket buying as donations to a worthy cause.

With the exception of bingo, more male seniors gamble than female seniors. On average, seniors who gamble are somewhat younger than seniors who do not gamble. They say they are drawn to gambling activities to win money, to be entertained, to support a good cause, to be with others, or to pass time. While a number of focus group participants said they did not begin gambling until they were 65 years of age, telephone survey respondents indicated that approximately 80% of seniors gamble about the same amount as they did 10 years ago or a little less than they did 10 years ago.

Gambling abuse does not appear to be a problem for the vast majority of Alberta seniors. Few seniors were identified as *problem gamblers* (1.4%) or *probable pathological gamblers* (0.4%). For the most part, seniors do not report being bothered by the gambling problems of others. If bothered at all, the source was usually the gambling problem of a relative. However, most seniors (84%) surveyed believe that gambling can become a problem for seniors. Sixteen percent (16%) either did not believe gambling could become an addiction or were unsure that it could become an addiction.

Seniors indicate that problem gamblers are difficult to identify. They suggest the most common indicators for identifying problem gambling would be that problem gamblers gamble often, they seem to have little money, and they talk about gambling a lot. If they were to identify a problem gambler or suspect that they themselves were problem gamblers, a number of seniors (approximately 40%) reported not knowing where to go or whom they would turn to for help. Those seniors surveyed who are more sure about where to go or to whom to turn, cite family or friends, Gamblers Anonymous and AADAC as sources of support. Seniors interviewed in focus groups emphasized clergy and physicians as sources of support. In addition, seniors interviewed in focus groups said that seniors were a group who would be least likely to seek help because this group was raised during an era when self-reliance was emphasized. About half (51%) of seniors surveyed did not know where they would get information about problem gambling. Gamblers Anonymous and AADAC were the most common sources cited for information on problem gambling.

Most (85.7%) seniors surveyed categorized themselves as very or generally healthy. Ninety-two percent (92%) described themselves as being very or generally happy with their lives. Of seniors who reported consuming alcohol in the past 12 months, only 1.8 percent were identified as having a harmful level of alcohol consumption.

Seniors suggest the best way to reach seniors about problem gambling issues is through direct conversation via discussion groups or lectures. Failing direct contact, seniors suggest that local newspapers or posters in doctors' offices may be good mediums through which to convey messages concerning gambling. They also suggest that radio and television may work. Seniors in the focus groups emphasized that seniors reaching seniors would be an effective method to get messages about gambling to seniors.

While this study represents a comprehensive and mixed-methods approach to addressing the primary research questions, there are limitations to this research. This study broadly addresses the issues of seniors and gambling. It does not provide an in-depth understanding of the experience of those seniors who may be *problem gamblers* or *probable pathological gamblers*. In addition, some caution should be used in relying on the percentage provided in this report as the "true" prevalence of gambling among seniors. Studies conducted around socially sensitive topics using self-reported data tend to be influenced by the respondents' willingness to share information that the respondent feels is socially acceptable, and unwillingness to share information the respondent feels is socially unacceptable. Therefore, the proportion of Alberta seniors who said they had gambled in the past year could be a conservative estimate.

In conclusion, the vast majority of Alberta seniors report being healthy and happy. They gamble to win money and for entertainment but do not view gambling as an important activity in their lives. However, a sizable minority of seniors are unaware of the potential problems associated with gambling and do not know where to receive information or help should gambling become a problem for themselves or someone close to them.

Introduction

The vast majority of Albertans handle gambling responsibly.[1] However, 4.8% of the adult population have a gambling problem and contribute to 17 percent of the total amount spent on gambling[2]. While research has been conducted to investigate problem gambling, only a small number of studies have isolated certain segments of the population for special review (e.g., Aboriginal people, women, and youth). Even fewer studies appear to have done the same with seniors' groups.[3] Those that have suggest that neither middle-aged nor elderly-aged persons appear to be especially susceptible to gambling problems.[4] However, groups of people born during the same time period passing through certain times in society (i.e., social acceptability of gambling) may be susceptible to specific risks not thought to affect other groups.[5] This finding may have significant implications, since the proportion of seniors in the general population is steadily increasing due to the influx of "baby boomers" reaching retirement.

In 1994 Alberta Lotteries and Gaming (now Alberta Gaming and Liquor Commission) conducted a study to assess the prevalence of gambling and problem gambling among adult Albertans. AADAC replicated the study in 1998. Between the time these two studies were conducted, Alberta's legal gambling infrastructure was expanded and gross gambling revenues increased substantially.[6] There is evidence that the prevalence of gambling in general has declined and the number of problem gamblers has declined; however, probable pathological gambling may be increasing.

The 1998 prevalence study revealed certain demographic characteristics of problem gamblers. In addition, it outlined gambling activities, expenditures on gambling, and gambling behaviours. While these data are valuable, there were insufficient numbers of seniors in the sample size to assist the Alberta Alcohol and Drug Abuse Commission (AADAC) in determining gambling attitudes and behaviours of a seniors sub-population. Since seniors constitute one of the fastest growing population groups in North America, it is important to better understand their perspectives and behaviours towards gambling.

Seniors, in particular, may be at risk for addiction to gambling. Seniors are more likely to be isolated, that is, living alone or having fewer social contacts. They may be attracted to gambling activities because gambling

[1] AADAC, *Backgrounder*, Edmonton, June 23, 1998.
[2] Wynne (1998). *Adult Gambling and Problem Gambling in Alberta, 1998.*
[3] National Council of Welfare (1996), *Gambling in Canada.*
[4] National Research Council (1999), *Pathological Gambling: A Critical Review.*
[5] Mok, W. & Hraba (1991), *Age and Shifting Gambling Behaviour.* Journal of Gambling Studies 7(4):313-335.
[6] Wynne Resources Ltd. conducted both studies and public reports are available.

offers a form of socialization.[7] According to AADAC, seniors need to be adequately informed of the risk of developing problems associated with gambling, especially those who have never gambled before and may not be aware of the potential for adverse effects. Currently, not a great deal is known about seniors and gambling and the interventions required to address gambling abuse.

When support is offered, seniors do not always view interventions such as literacy programs, substance abuse programs or support groups that address physical, sexual, emotional or financial abuse as appropriate to satisfy their needs. Furthermore, research indicates that informal caregivers of seniors may experience many of the same risks as the seniors for whom they care.

Findings from a Health Canada report on *Healthy-Aging*[8] suggest that:

- Increased financial uncertainty and cutbacks are eroding seniors' social status, self-esteem, and involvement in society.
- Social isolation is likely to contribute to a wide range of health problems and risk factors that further limit seniors' involvement in social support networks and often that of their informal caregivers as well.
- Like other members of society, seniors suffering a recent loss or change of lifestyle are often in situations of high risk.
- Seniors are living on their own in increasing numbers.
- Family members and service providers frequently deny or minimize drug and alcohol abuse by seniors and therefore place seniors with abuse problems at further risk.
- Health care provider groups have differing knowledge levels about substance abuse among seniors.
- Often seniors lack knowledge about existing support programs.

These findings suggest that gambling problems, because of their correlation[9] with other addiction and abuse problems, require further study. Jocelyn Burgener, former chair of AADAC, suggests that further investigation is required to better understand the influences of "gambling products, their availability, the gamblers themselves, and situations in which they gamble."[10]

Often seniors are considered a homogeneous group, age 65 and older. While seniors are a sub-population of individuals, they are a diverse group with differential demands on public and private services. It is important, then, to consider gambling issues among seniors across a broad range of social-psychological contexts in which seniors live.

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[7] *Pathological Gambling*, Nurse Practitioner 23(9): 97-82, 1998.
[8] Health Canada, *Toward Healthy-Aging Communities: A Population Health Approach* (1997).
[9] Murray (1993) *Review of Pathological Gambling*, Psychological Reports 72(3); McMurran (1994) *The Psychology of Addiction*, Contemporary Psychology Series: 10.
[10] AADAC, *Backgrounder*, Edmonton, June 23, 1998.

To improve approaches and develop more effective prevention promotion strategies, AADAC commissioned Howard Research to conduct a study on seniors gambling—*Seniors and Gambling: Exploring the Issues*.

This study was conducted in two stages: Phase I, focus group discussions conducted in preparation of Phase II, the development and analysis of a telephone survey administered to a representative sample of seniors residing in Alberta.

This Technical Report presents the description and results of Phase I and Phase II and provides conclusions.

Phase I: Focus Groups and Individual Interviews

Introduction

Not a great deal is known about seniors and gambling. To better understand seniors' attitudes and behaviours toward gambling and to subsequently reach seniors with messages about gambling, AADAC commissioned a qualitative study.

Qualitative research methods are used to examine processes and meanings. While researchers recognize the value-laden nature of this inquiry, qualitative methods are excellent tools for identifying themes in human experience. Qualitative research does not emphasize measurement and analysis of causal relationships between variables. It attempts, first, to identify what elements constitute a particular phenomenon and what meanings people bring to it—in this case, the seniors' gambling experience.

While qualitative research can deploy a range of methods, Phase I used focus group and individual interview.

Phase I Research Questions

Research activity in Phase I was oriented to addressing two primary questions:

1. What are the gambling attitudes and behaviours of seniors?
2. What prevention and intervention strategies are most effective for seniors?

Phase I of the study utilized focus groups and individual interviews to examine seniors' perspectives, attitudes, and behaviours in relation to gambling. Seniors in this study refers to Albertans 65 years of age and older. Intended outcomes (objectives) of the study were directed at revealing seniors' perspectives on

1. definitions of gambling,
2. prevalence of gambling and problem gambling among seniors,
3. typical participation in gambling,
4. reasons for gambling,
5. problems related to gambling,
6. demographic characteristics of problem gamblers,

7. identifying problem gamblers,
8. where problem gamblers would seek help,
9. alcohol habits and their relationship to gambling,
10. influences of others' gambling behaviours on seniors,
11. what seniors need to know about gambling,
12. who the key influencers of seniors are,
13. best methods of communicating and/or presenting gambling information to seniors,
14. most appropriate prevention strategies for seniors with problem gambling behaviours,
15. best ways to treat seniors experiencing gambling-related problems, and
16. barriers to treatment.

So that findings to these questions could be placed within the context of the literature, a background paper on gambling and seniors was prepared which appears in Appendix A. This paper serves as one foundation from which an analysis of data associated with the study was conducted.

Method

Specifically, Phase I involved the following key components:

1. Development of an appropriate method to identify seniors who gamble and discuss issues of gambling with a sample of seniors.
2. Development of an appropriate method to identify seniors who have received or are receiving services from AADAC for a gambling problem.
3. Development of an appropriate method to identify key influencers of seniors who assist and/or have a relationship with seniors.
4. Identification of topic areas for discussion with seniors and key influencers.
5. Focus group discussions with samples of seniors.
6. Focus group and/or individual interview discussions with a sample of influencers.
7. Focus group and/or individual interview discussions with problem gamblers.

Phase I - Focus Groups and Interviews

A Draft Focus Group Guide was prepared for review and approval by the Contract Manager and Steering Committee within AADAC (see Appendix B). Orienting questions for the focus groups were derived in part from the literature on seniors gambling and through discussions between the consultant and the Steering Committee.

Nine groups of participants were selected, seven groups of seniors with some current experience gambling, one group of problem gamblers (as identified through Gamblers Anonymous)[11], and one group of individuals identified by seniors as potential influencers on seniors. Influencers are people that are in a position to influence the behaviour of seniors[12]. In addition, six seniors, who had accessed AADAC within the past year for help with a gambling problem, were contacted by telephone.

Participants were selected on the basis of their experience with gambling, their capacity to reflect on issues relevant to the study, their ability to articulate their perspectives, and their willingness to be involved. Table 1 presents a breakdown of Phase I geographic sites and participant numbers.

Table 1. Focus group and individual interview participants

Site	Participants
Edmonton (focus group 1)	12
Edmonton (focus group 2)	12
Calgary (focus group)	12
Red Deer (focus group)	11
Medicine Hat (focus group)	8
Grande Prairie (focus group)	12
Stettler (focus group)	10
Edmonton (focus group with problem gamblers from Gamblers Anonymous)	8
Provincial Sample (individual interview with problem gamblers—AADAC clients)	6
St. Albert / Edmonton (focus group and individual interview with influencers)	10
Total Number of Community Seniors	77
Total Number of Problem Gamblers	14
Total Number of Influencers	10
Total Number of Participants	101

[11] Gamblers from Gamblers Anonymous were a mixture of ages and included two seniors.
[12] The convenience sample of influencers participating in this study included members of the clergy, a lawyer, a financial advisor, physicians, and children of seniors.

Recruitment

Recruitment of seniors, problem gamblers (both seniors and non-seniors), and influencers to participate in focus groups and interviews was achieved in various ways.

1. Recruitment at Gambling Sites (bingo halls, casinos, video lottery terminals, slot machines, and lottery ticket outlets). The majority of participants for Phase I were recruited at gambling sites to ensure that participants had engaged in some form of gambling activity. Each participant was paid an incentive of $50. In addition, refreshments were provided at the time of the interviews and focus groups.
2. Recruitment through Key Informants. Some seniors were identified by key informants and invited to participate by the informant. Each participant was paid an incentive of $50. In addition, refreshments were provided at the time of the interviews and focus groups.
3. Recruitment through Organizations. Problem gamblers were identified by Gamblers Anonymous and by AADAC. These participants were not given an incentive, however, refreshments were provided at the problem gamblers focus group.
4. Direct contact by the Consultant. The consultant, following discussions with seniors, made direct contact with influencers. No incentives were offered to influencers.

One day at each site was devoted to focus group recruitment. During recruitment, participants were told the reason for the study, and the questions that would be discussed were shared with them.

All incentives were presented to the participants at the focus group session. A reminder card to attend the focus group session was given at the time of recruitment and a reminder telephone call to each potential participant was placed one day before the session. Participants were reminded of the time and location of the meetings.

Local police and AADAC representatives in the various communities where focus groups would be conducted were notified of the study. Recruiters were provided with a Letter of Introduction from AADAC. Before recruiters approached potential participants in gaming sites, management of gaming sites were provided with information concerning the study and asked for permission to interact with patrons. In all instances permission was granted and full cooperation was gained.

Demographics

Participants varied in age and background. Only the age and gender of participants were recorded. In the case of problem gamblers from Gamblers Anonymous, no identifying information was solicited. The

following table represents an age and gender break down of community seniors volunteering to participate in focus groups.

Table 2. Age and gender of study participants (focus groups)

Site	Age 65-70		Age 71-75		Age 76-80		Age 81-85	
	Male	Female	Male	Female	Male	Female	Male	Female
Edmonton	2	5	4	5	1	6		1
Calgary	1	3	1	2	1	2	2	
Red Deer	1	2		3	1	2	1	1
Medicine Hat	2	3	1	2				
Grande Prairie		1	4	5	2			
Stettler	2	4	1	1		1	1	
Sub Total	8	18	11	18	5	11	4	2
Total	**26**		**29**		**16**		**6**	

Other demographic characteristics were recorded through observation (mostly through participants volunteering the information during discussion). No attempt was made to record proportions of these demographic characteristics within the sample.

Table 3. Demographic variation of participants

Demographic Characteristic	YES	Don't Know
Married	√	
Divorced	√	
Widowed	√	
Less than Grade 6 education		√
High school education	√	
Post-secondary education	√	
Employed	√	
Unemployed	√	
Retired	√	
Income less than $20,000 per year		√
Income more than $50,000 per year		√

Data Collection and Analysis

During the months of March and April 2000, data were collected through a semi-structured interviewing process. Guiding questions were used to solicit responses; however, the interviewers also followed themes raised by the participants. Focus group sessions were tape recorded and written

summaries prepared following the session. Interviews were summarized at the time of the interview.

Data were subjected to three levels of analysis. The first level of analysis involved identifying meaning units within the total data set—statements pertinent to the topic of seniors gambling. The second level of analysis contributed to grouping meaning units into themes common within specific individuals/groups. A third level of analysis revealed themes common across groups.

Limitations of Phase I

Data collected for Phase I were almost exclusively qualitative, therefore any tendency to overlay quantitative expectation of reliability and validity should be avoided. (Samples were not randomly selected or assigned and no attempt was made to measure strength of response).

These data, however, should be considered "trustworthy" in that a significant variation of seniors (age, gender, geographic location) participated in the study. More importantly, procedures used to collect data were consistent across settings and revealed consistency in themes.

The primary limitations of this phase of the study surround representativeness of the participants (sample) in the general population. The following factors should be considered in extrapolating the findings beyond the sample.

1) All participants were Caucasian. Ethnic variation was not considered in sample selection.

2) While participants represented a variation in educational background, marital status, and employment status, proportional representation of each demographic was not recorded (see Tables 2 and 3).

3) Not all "problem gamblers" interviewed were seniors. The majority of the members from the Gamblers Anonymous (GA) group were younger than 65 years of age. However, themes emerging from both the focus group (GA) and individual interviews with seniors experiencing gambling problems, who were clients of AADAC, were consistent.

Findings

How Seniors Define Gambling

When seniors were asked to define gambling, responses varied widely—ranging anywhere from "life is a gamble" to "placing a nickel bet on the outcome of a friendly card game." In its broadest sense, gambling means

putting something of value at risk. More narrowly, gambling is placing a wager (bet) on an uncertain outcome.

Further discussion revealed that seniors are likely to define gambling as an activity involving playing a game for money, betting on the outcome of a contest, or paying for the opportunity to enter a lottery. Seniors offered the following activities as examples of gambling:

- Lotto 649 and scratch tickets
- Playing casino games
- Playing video lottery terminals (VLTs)
- Bingo
- Betting money on horse races
- Playing card games for money
- Entering draws (sports pools, raffles, charity draws, home lotteries)

Seniors were quick to point out that there are different degrees of gambling. They generally thought of "degree" as degrees of "good" or "bad" based on the amount of money wagered relative to a person's ability to pay the wager should they lose. In addition, seniors tended to agree that money wagered on activities designed to support a worthy cause (e.g., STARS Air Ambulance Home Lottery or draw tickets sold by a local community) were "good" forms of gambling since they viewed this wager as a donation rather than a bet.

Seniors realize that in the province of Alberta many gaming activities are controlled by the government and a portion of all revenue received through these controlled activities (VLTs, bingo, lottery tickets) goes to the government treasury. They do not, however, unanimously view these gaming activities as "good." Bingo, casino games and VLTs were considered as potentially dangerous—with VLTs rated as the most likely gambling activity leading to personal problems with gambling.

Problem gamblers and those individuals interviewed as influencers of seniors defined gambling much the same way. Problem gamblers consider all gambling activity as dangerous to them personally and having potential danger to others.

Prevalence of Gambling Among Seniors

Phase I of this research study was not designed to determine prevalence of seniors engaged in gambling activity, but rather to solicit the personal experience and opinion of seniors, influencers of seniors, and problem gamblers. Therefore, statements concerning prevalence should not be extrapolated to the general population.

As there were different groups and individuals interviewed, the following conventions for reporting will be followed, unless otherwise specified.

a) Seniors—refers to seniors interviewed through focus group discussions.
b) Problem gamblers refers to those people participating in the Gamblers Anonymous focus group and clients of AADAC interviewed individually.
c) Influencers refers to both individual and focus group participants.
d) Participants refers to an aggregate of all people interviewed (focus group or individual interview).

Seniors interviewed reported gambling anywhere from a couple times a year to daily. Problem gamblers, as expected, reported their gambling activity as an obsession and therefore sought to participate in one or more gambling activities at every opportunity. Influencers suspected that most seniors who gamble, gamble a couple of times per week.

For the most part, seniors agreed that a number of seniors enjoy gambling, but few had a problem with it. Problem gamblers, on the other hand, were adamant that you can find many seniors gambling regularly and that many have a gambling problem or are at risk.

Influencers were very uncertain about how prevalent gambling was among seniors. Only a few suggested that seniors' gambling was a major seniors' issue. However, a number of influencers interviewed for this study were not aware of any seniors who had gambling problems.

Typical Participation

Bingo, buying lottery tickets, and playing casino games were the most common gambling activities reported by seniors. There appears to be more women than men interested in bingo. A number of participants reported going on gambling excursions to other centres in Alberta, Western Canada, and the United States. With increased opportunity to gamble in their local communities, seniors reported having reduced the number of trips they made outside their own province.

Seniors also reported that they typically attend bingo with a relative, a friend, or meet friends or acquaintances at the bingo hall. In contrast, seniors reported that when they play VLTs they gamble alone and are too preoccupied with the machine to visit with others.

Why Seniors Gamble

Seniors gamble for several different reasons, the most common being for the "pleasure of the activity" and "the opportunity to socialize." The following represents a list of other reasons for gambling reported by participants in the focus groups (listed in no order of magnitude):

- to relieve boredom,

- to relax,
- curiosity,
- reward for hard work,
- because they can afford it financially,
- desire to win,
- inexpensive holiday, and
- to supplement their income.

Problem gamblers have a slightly different perspective on the reasons they gamble (or gambled). While input from many of the participants identified as problem gamblers supported the list above, their reasons for gambling tended to convey a much deeper and personal need to gamble. Common themes reported by problem gamblers included

- to escape problems,
- needed the money, and
- was a place they could go where they were not judged.

Influencers, with the exception of those who had dealt with problem gamblers, tended to report the same motivators for seniors gambling as those reported by the general group of seniors. Those influencers with some experience with seniors gambling, also noted similar motivations as observed by the problem gamblers. Generally, influencers emphasized the theme of "loneliness" among seniors as being a major reason why seniors gambled.

It is interesting to note that seniors justified their gambling by saying that local gambling revenues were being returned to provincial coffers and that was a better alternative than gambling, in Las Vegas, for example.

Problem Gambling Among Seniors

With the exception of problem gamblers, the majority of focus group participants and interviewees did not think gambling was a major problem among seniors. However, a number of participants said they just didn't know, because they felt there was no easy way to identify problem gamblers. Problem gamblers said that they could easily identify other problem gamblers—the two most common identifiers offered by this group was the "relationship" between the player and the machine and the frequency of visits to a gaming venue. Problem gamblers, they said, were "drawn into the machine," they "lose themselves," and "it gets into your blood!"

Identifying Problem Gamblers

The following characteristics were reported by the aggregate of all participants as identifying problem gamblers:

- frequent visits to a gambling venue,

- sudden lack of money, evidenced by need to borrow, reduction in home maintenance, or reduction in personal maintenance (i.e., low food supply, poor wardrobe),
- frequent visits to ATM machines,
- choosing gambling over other social activities, once considered important (i.e., spending time with family and friends),
- foregoing past amenities (i.e. wardrobe, travel),
- depression, low self-esteem, illness,
- anger and other changes in personality,
- family problems,
- loss of sense of priorities,
- blaming machines for being "crooked,"
- putting winnings back into the machine, and more, and
- sale of personal property (e.g., furniture, land, car).

Associated Influences and Problems

All participants suggested that seniors with gambling problems may have other problems, mentioning alcohol addiction as an example. However, this group did not see a relationship between recreational gambling and other influences and problems. Seniors did acknowledge, though, that friends and family can have an influence on the amount an individual gambles—mostly suggesting that friends and family often invite them to go gambling.

A number of seniors reported that they did not start gambling until they were seniors. These individuals pointed out that it was not until retirement that they had the time or the money to spend on personal pleasures.

Problem gamblers were more adamant that gambling and other factors such as substance abuse, physical and psychological abuse, and low self-esteem often coincided with gambling addiction. The most common concern raised by this group was that gambling addictions cannot generally be addressed until the gambler reaches "rock bottom." In many instances that meant a suicide attempt. They cited several individuals who were receiving assistance for gambling problems, but who had later chosen to take their own lives. These views were the expressions of both seniors and non-seniors in the group of problem gamblers participating in the focus group and interviews.

Where Seniors May Seek Help with a Gambling Problem

Seniors, problem gamblers, and influencers suggested that seniors are less likely than other age groups to seek help with a gambling problem. In fact, they are less likely to seek help in solving any personal problem. The reason for this opinion appears to rest in the view that the current generation of seniors was raised in a society that emphasized individual

responsibility—one tried to solve his/her own problems. Receiving counselling or burdening others with one's problems was considered a weakness in character.

Key Influencers of Seniors

When seniors were asked "Who would you turn to with a personal problem?" they responded with "someone they could trust." More often than not this person was not a family member, although there were exceptions. Some seniors indicated that they would go to their spouse for help. Few, if any, suggested that they would reach out to their children. The most common responses to the question included

- clergy,
- doctors,
- lawyers, and
- trained counsellors.

Important to this issue is that seniors suggested that other seniors would have more influence over them than would younger people. Problem gamblers reiterated this statement and added that seniors with a gambling problem would be most comfortable talking to seniors who had had a gambling problem. Problem gamblers expressed that it was very important that the other person "understand what they were experiencing."

Reaching Seniors about Gambling Concerns

Seniors felt that, generally, gambling addiction is a problem of the "younger generation." Those seniors who do have a problem are generally reluctant to admit it (e.g., "No self-respecting senior would tell if they had a problem.") Getting a senior to disclose, then, may be difficult. Even when they do disclose, seniors shared that they have a history of dealing with their own problems—they consider themselves to be "a non-counselling generation." They would rather rely on themselves, although some suggested they might listen to their children if they were approached with tact and out of love and concern. Problem gamblers suggested they would respond to a Gamblers Anonymous member or someone with whom they had built a history of trust. It was not clear whether the problem gambler, when first seeking help, turned to an individual they trusted or to Gamblers Anonymous.

While seniors and influencers mentioned similar approaches to reaching seniors as those listed, problem gamblers were more explicit and directive than other participants in the study. They suggested reaching seniors in the following ways.

- Tell seniors, "Be honest with yourself!"
- Tell seniors it's habit forming, leads to depression, is difficult to get out of, is costly, and could jeopardize financial situation.

- Let people know it is a great problem, especially for those on fixed incomes.
- Tell people where all the money goes (i.e., who gets what and who benefits).
- Advertise that help is available through media (e.g., magazines, television, junk mail). Put articles/ads in newspapers where people can talk about them. Illustrate how fast $100 goes, how long it lasts, what is won, what is lost. Put the reality of gambling in the open.
- Tell them, "Don't start!"
- Tell seniors where resources are located and how they can get help. ("Brochures are not very useful. Signs in casinos are a joke!").

Problem gamblers emphasized that the receiver must be ready to admit they have a problem before they will seek help. They also suggested that seniors are, generally, very approachable, and that it is not difficult just to walk up to them and start talking.

However, most seniors indicated that they would not know where to go for help.

Strategies to Help Seniors Who Have a Gambling Problem

Focus group participants suggested the following strategies to avoid developing a gambling problem and/or to help seniors who already have a gambling problem:

- Replace gambling activities with a greater variety of alternate activities (preferably activities equally stimulating to gambling)
  - -sports (e.g., dancing, curling, golf, horse shoes, cycling, carpet bowling)
  - -clubs (e.g., trailer club)
  - -volunteering (e.g., rock babies, teach children to knit)
  - -helping family members with their work
  - -spending time with grandchildren
  - -new hobbies (e.g., woodwork, music)
- Reduce access to gambling opportunities
  - -remove VLTs from communities
  - -remove bank machines from gambling venues
- Seek assistance from AADAC
- Get a pet and take it for a walk
- Befriend problem gamblers and do things with them
- "Never preach"
- Hold information and sharing sessions ("seniors love to listen to someone talk")
- Hold facilitated discussions about gambling/problem gambling
- Provide one to one counseling for seniors

Participants felt that seniors needed to be more aware of how gambling takes advantage of seniors (e.g., loneliness), and how advertising targets seniors (e.g., reduced prices, draws, accessible financing). Some

participants felt that owners of casinos, rather than taxpayers, should fund help for problem gamblers.

Problem gamblers, especially, felt there was one primary solution (to some degree, this view was shared by all participants): VLTs should only be allowed in centralized locations such as casinos. They should not be allowed in family restaurants or neighborhood pubs.

Few Supports Available

Problem gamblers identified that there were few supports available to them, particularly in rural Alberta (i.e., no opportunities to talk about their problem, few/no counselors, no Gamblers Anonymous). Most participants believed there were few, if any, government funded treatment and support programs for gambling addicts, but believed there should be since the government receives so much money from gambling revenues.

Phase II: Survey of Alberta Seniors

Introduction

During the month of August 2000, Howard Research conducted a general population survey of Alberta seniors. To supplement Phase I, the Alberta Alcohol and Drug Abuse Commission (AADAC) identified a number of seniors gambling issues on which the Commission sought confirmation across a broader, random sample of the population. Phase I qualitative data were used to inform the development of a telephone survey questionnaire used in Phase II. In addition, the survey included the administration of two standardized instruments designed to identify seniors with alcohol and gambling abuse problems.

The telephone survey was administered to a random sample of 800 Alberta seniors across six geographic areas. This method of stratification facilitated the analysis of both major metropolitan centres, mid-sized cities, small cities, towns and rural centres as separate geographic areas as well as enabled the comparative analysis between geographic areas.

This descriptive report presents findings from the survey. Cross-tabulations were carried out in order to assess differences between various segments of the seniors population. These included gender, age, marital status, income, employment, and education.

Phase II Research Questions

During Phase I seniors' gambling attitudes and behaviours were identified as theme units. No attempt was made to generalize these themes to the general population or to establish measures of strength (numbers of people having these attitudes and behaviours). In addition, Phase I explored prevention and intervention strategies that seniors might find effective in assisting seniors who have gambling problems or have people close to them who have gambling problems.

Phase II was designed to examine "How universal among Alberta seniors are the themes identified in Phase I?"

Method

Standard survey techniques were used in this study. However, the population frame (seniors) was derived from a general population frame (all published residential phone numbers). Limitations of this procedure included

1. unlisted phone numbers are excluded from the population frame, and
2. "no contact" cannot be presumed to be seniors. However, the assumption was made that approximately 10% of "no contacts" would have been seniors. This assumption is based on the approximate proportion of seniors in the general population of Albertans. Approximately 10% of the people in the population frame are seniors.[13]

Survey Instrument

From the beginning, a collaborative process was established between representatives of AADAC and Howard Research to discuss and develop the survey instrument. The questions were designed to parallel issues raised during Phase I focus groups (see Appendix C for a copy of the survey instrument).

The survey instrument was pre-tested in July 2000 with 50 Alberta seniors (randomly selected) from both urban and rural geographic areas. Small modifications to the survey were made following the pre-test.

Sampling Report

A sample was drawn from a publicly available electronic listing of residential telephone numbers. The sample was stratified by six geographic areas, with preset quotas for completions for each area:

- Calgary—population 819,334
- Edmonton—population 616,306
- mid-sized city—population between 30,000 and 66,000
- small city—population between 10,000 and 15,000
- town—population between 5,000 and 9,999
- rural—population under 5,000

Interviewers recorded all calls and tracked eligibility, completions, refusals, and no contacts. A corrected sample of 2190 seniors was selected. A response rate of 37% was achieved for this sample. Of the seniors who were reached, 51% responded. Response rates vary considerably between geographic locations.

[13] *Alberta for All Ages: Directions for the Future* (June 2000). Alberta Community Development.

Table 4. Sample breakdown and corrected sample

Sample Breakdown		
	Number	Percent
Numbers Allocated	14122	100.0%
Not Eligible Numbers	11962[14]	84.7%
Eligible Numbers	2160	15.3%
Corrected Sample Breakdown		
	Number	Percent
Completions	800	37.0%
Refusals	765	35.4%
No Contacts	595	27.6%
Total	2160	100.0%

Table 5. Sample by region (count and response rate)

Region	Sample	No Contact	Refusal	Completion	Response Rate
Calgary	621	221	172	228	36.7%
Edmonton	734	197	355	182	25.0%
Mid-sized City	333	106	125	102	30.6%
Small City	73	36	18	32	43.8%
Town	110	23	29	69	62.7%
Rural	289	12	66	187	64.7%
Totals	2160	595	765	800	

Over sampling was required to achieve preset quotas for each region. Quotas were established based on census figures. The final number of completed surveys in each region is proportional to the number of people reported living in that geographic area.

The overall confidence level of this study is 95% with a margin of error of ± 3%.

Survey Administration

Interviewers followed a transcript to ensure consistency of questionnaire administration. Each completed survey was entered into an ACCESS database. The database was subsequently exported into a SPSS (Statistical Package for the Social Sciences) file for analysis.

Interviewers unsuccessful in establishing contact on the first call made four callback attempts before declaring a telephone number as a "no contact." This re-contact procedure is essential for increasing the response rate. Upon making contact with a potential participant, the

[14] Of the 14122 potential numbers, 5950 could not be reached after five attempts at various times during the day. We can assume from eligible numbers that 595 of those not contacted were likely seniors. The number 595 indicates the number of "no contacts."

interviewers identified themselves and the firm conducting the study. They advised the participant that responses were voluntary, that responses would be kept confidential, and that they could terminate the interview at any time.

Data Analysis

No attempt was made to establish a quota on gender—results reported were not weighted. Generally, a Chi-square test for statistical significance was performed on all cross-tabulations. A t-test was used to determine statistical differences in mean age. Where relationships are statistically significant, *p* values of .05 ($p<.05$) or .01 ($p<.01$) are reported.

All data were tabulated and cleaned using SPSS 8.0 for Windows. Coding frames were prepared for open-ended questions. The questions were coded by a Howard Research consultant with specialty in qualitative and quantitative analysis.

Demographics

Interviewers completed surveys with 800 Alberta seniors—257 males (32.1%) and 543 females (67.9%). Respondents were between 65 and 102 years of age, with the majority of respondents (59.2%) between ages 65 and 74. The majority of seniors interviewed were married (52.9%). However, a substantial number of seniors were widowed (34.1%). Approximately forty percent (44.4%) had not completed high school, twenty-two percent (22.0%) had a high school diploma, and approximately thirty percent (30.5%) had received some form of post-secondary education. The vast majority of seniors reported being retired (90.6%). Approximately thirty percent (28.5%) of respondents reported a household income of less than $20,000 per year. It should be noted that of the 800 seniors interviewed, 218 (27.3%) did not state their income category.

Table 6 provides a more detailed breakdown of demographics.

Table 6. Percentage of seniors by age, marital status, education, employment, and income category

Age	**n**	**Percent**
65 to 69	249	31.1
70 to 74	225	28.1
75 to 79	151	18.9
80 to 84	89	11.1
85 and older	60	7.5
Not stated	26	3.3
Marital Status	**n**	**Percent**
Single	35	4.4
Married	423	52.9
Widowed	273	34.1
Divorced / Separated	51	6.4
Not stated	18	2.3
Education	**n**	**Percent**
Did not complete high school	355	44.4
High school graduate	176	22.0
Some college/technical	66	8.3
College/technical graduate	58	7.3
Some university	39	4.9
University graduate	57	7.1
Post-graduate university	23	2.9
Not stated	26	3.3
Employment	**n**	**Percent**
Employed full time	23	2.9
Employed part time	33	4.1
Retired	725	90.6
Unemployed	1	0.1
Not stated	18	2.3
Income	**n**	**Percent**
Less than $10,000	52	6.5
$10,000 to $19,000	176	22.0
$20,000 to $29,000	152	19.0
$30,000 to $39,000	95	11.9
$40,000 to $49,000	50	6.3
$50,000 to $59,000	31	3.9
$60,000 or more	25	3.1
Not stated	218	27.3

There is an uneven dispersion of Alberta seniors across age groups in this sample. More (59.2%) seniors in the sample are between the ages of 65 and 74. This dispersion is similar to the dispersion of seniors in the general population. Therefore, the sample is a reasonable representation of age range among the seniors population.

Limitations of Phase II Study

There are limitations to this phase of the study. Technically speaking, the population frame for contacting seniors is not conveniently accessed. Using available telephone numbers results in an excessive number of no contacts of whom there is no good way to determine which of the numbers not reached were households where seniors live. Most importantly, however, this research broadly addresses the issues of seniors and gambling. It does not provide an in-depth understanding of the experience of those seniors who may be *problem gamblers* or *probable pathological gamblers*. In addition, some caution should be used in relying on the percentage provided in this report as the "true" prevalence of gambling among seniors. Studies conducted around socially sensitive topics using self-reported data tend to be influenced by the respondents' willingness to share information that the respondent feels is socially acceptable, and unwillingness to share information the respondent feels is socially unacceptable. Therefore, the proportion of Alberta seniors who said they had gambled in the past year could be a conservative estimate.

Findings

Gambling Activities of Seniors

Approximately sixty-eight percent (67.8%) of respondents indicated that they engaged in some form of gambling activity in the past year. It should be noted that a number of respondents, who reported gambling in the past year, offered the unsolicited comment that they did not consider "buying lottery tickets and raffle tickets" a gambling activity.[15]

During the survey, several questions were asked about seniors' gambling activities, including the type of activity, frequency of participation, and amount spent per gambling session. The following table (Table 7) illustrates the percentage of gamblers participating in a variety of gambling activities. In addition, the table indicates frequency (weekly, monthly, yearly), and average amount spent per gambling session. Both mean and median[16] are presented to represent central tendency, because the range (in some instances) of amount spent during a session is very large. In these instances the arithmetic mean is not representative of central tendency.

[15] Anecdotal data offered by the interviewers (actual responses were not collected).
[16] Midpoint at which 50% of the scores fall below and 50% fall above.

Table 7. Gambling activities of seniors who gamble (n=542)

Activity	Yes %	Daily %	Weekly %	Monthly %	Yearly %	Mean $	Median $
Lottery tickets (e.g. 649)	77.1	1.5	41.2	42.9	14.4	3.73	2.00
Raffle tickets	56.5	0.3	0.3	7.4	92.0	31.28	10.00
Instant scratch or pull tickets	25.6	-	14.3	52.6	33.1	4.91	2.00
Coin slot machines in a casino	20.7	-	5.8	33.7	60.5	58.14	20.00
Bingo	17.9	5.3	40.0	28.4	26.3	26.54	20.00
VLT's	12.4	-	10.9	39.1	50.0	74.19	20.00
Cards or board games	10.9	5.3	50.9	26.3	17.5	5.51	1.00
Sweepstakes	5.2	-	-	-	*	90.63	87.5
Stock market	5.2	-	5.3	15.8	78.9	12071.43	2000.00
Horse races	3.5	-	10.5	15.8	73.7	18.41	16.00
Other casino games	3.5	-	6.3	31.3	62.5	62.81	45.00
Games of skill (e.g., golf)	2.0	-	-	-	*	-	-
Sport teams / Sporting events	1.5	-	-	-	*	-	-
Gambling on the internet	0.0	-	-	-	-	-	-

*Respondents indicated that they did not know how often they engaged in this activity—this could be interpreted as less frequently than yearly.

Gambling and Gender

A higher proportion of males (73.5%) than females (65.0%) reported engaging in some form of gambling activity ($p<.05$).

However, the trend is reversed for bingo players. More female gamblers (15.7%) than male gamblers (6.5%) reported playing bingo ($p<.05$). The statistical significance of this trend should be treated with caution, since women outnumber men in the overall sample.

Gambling and Income

Overall, proportions achieved through this survey indicate that those with less income ($19,000 or lower) are less likely to gamble than those with income of $20,000 or higher.[17] However, a logistic regression does not reveal any statistical significance in this trend.

This trend is reversed in some instances of gambling activity, such as purchasing lottery tickets and playing bingo. In these categories of gambling activity, gamblers with lower incomes are more likely to buy lottery tickets and play bingo than gamblers with higher incomes.

[17] This trend should be interpreted with caution, since a large number of seniors (218) refused to report their income.

Table 8. Percentage of gamblers who purchased lottery tickets in the past year, categorized by income (n=385)

INCOME	BUY	DO NOT BUY
Below $20,000 (n=147)	81.6%	18.4%
$20,000 to $29,000 (n=110)	75.5%	24.5%
$30,000 and above (n=128)	74.2%	25.8%

Not statistically significant

Table 9. Percentage of gamblers that played bingo in the past year, categorized by income (n=383)

INCOME	PLAY	DO NOT PLAY
Below $20,000 (n=146)	24.0%	76.0%
$20,000 to $29,000 (n=109)	20.2%	79.8%
$30,000 and above (n=128)	7.9%	92.1%

Statistically significant ($p<.05$).

Gambling and Geographic Location

While geographic location does not relate (no statistical significance) to gambling activity, there appears to be a slightly higher proportion of gamblers than non-gamblers living in small and mid-sized cities than there are living in the other geographic locations.

Table 10. Gambling activity by geographic area (n=800)

	Total n	Gamblers	Non-gamblers
SMALL CITY Population 10,000 to 15,000	32	75.0%	25.0%
MID-SIZED CITY Population 30,000 to 66,000	102	73.5%	26.5%
EDMONTON Population 616,306	182	70.3%	29.7%
TOWN Population 5,000 to 9,999	69	66.7%	33.3%
CALGARY Population 819,334	228	65.8%	34.2%
RURAL Population under 5,000	187	63.6%	36.4%
TOTAL SAMPLE	800	67.8%	32.2%

Gambling and Age

The average age of non-gamblers (75.2 years) was higher than the average age of gamblers (72.8 years), indicating that younger seniors are more likely to gamble than older seniors ($p<.01$).

Importance of Gambling to Seniors Who Gamble

Seniors who gamble do not rate gambling as very important. Approximately seventy-six percent (76.2%) rated gambling as "not important at all" compared to other activities, such as visiting with family and friends, or volunteering. The following rating scale was used in gathering these data.

not important at all									very important
1	2	3	4	5	6	7	8	9	10

Seniors who play VLT machines, and coin slot machines as part of their overall gambling activity rate gambling as more important than those who just buy lottery, raffle, and scratch tickets and play bingo ($p<.01$).

Table 11. Rating of importance of gambling activity (10 point scale)

ACTIVITY	n	MEAN RATING
Lottery, Raffle, Scratch Tickets and Bingo	294	1.30
VLT and Coin Slot Machines	144	2.06

Change in Frequency of Gambling Activity

The majority (59%) of gamblers reported that they gambled the same amount now as they did 10 years ago. About nineteen percent (19.1%) of gamblers reported they are gambling more now than they were 10 years ago. Approximately twenty-two percent (21.9%) of gamblers say they are gambling less than they were 10 years ago. This result is true for seniors age 74 or under who would not have been a senior 10 years ago as well as for those age 75 and older.

Reasons for Gambling

Gamblers were asked to respond to the open-ended question, "Could you tell me why you gamble?" The reasons they provided for gambling are listed in Table 12.

Table 12. Reasons for gambling (first and second responses combined)

REASON	Number of Responses	Percent of Gamblers (n=542)
To win money	229	42.3%
For entertainment or fun	181	33.4%
To support a good cause	124	22.9%
To be with others	61	11.3%
To pass the time	44	8.1%
Because it's exciting	32	5.9%
Because I'm lucky	5	1.0%
To relax	4	0.7%
To forget problems for awhile	3	0.6%
Variety of other reasons	28	5.4%
Not stated/Refused/Don't know	39	7.2%

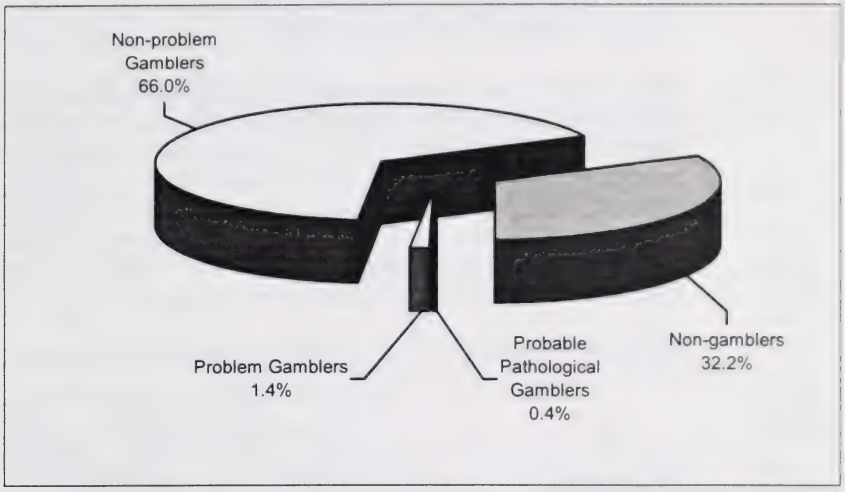
Identification of Problem Gamblers

The South Oaks Gambling Screen-Revised (SOGS-R), a standardized instrument, was incorporated into the telephone survey. It was administered to 542 respondents (those who identified engaging in some form of gambling activity in the past year).

The SOGS-R assesses individual behaviour and feelings toward gambling to determine the extent to which respondents may be identified as being a *non-problem gambler*, a *problem gambler*, or a *probable pathological gambler*. The SOGS-R is a revision of the SOGS, a 20-item scale based on the diagnostic criteria for pathological gambling (American Psychiatric Association 1980, cited in Volberg, 1993). Scores of 0-2 reliably identify an adult *non-problem gambler*. Scores of 3-4 reliably identify an adult respondent as a *problem gambler*, while scores of 5 or more identify an adult respondent as a *probable pathological gambler*.

The results of the SOGS-R, administered to Alberta seniors, indicate a low prevalence of problem or probable pathological gambling among seniors who gamble. Two percent (2.0%) of gamblers were identified as *problem gamblers* and an additional point six percent (0.6%) were identified as being *probable pathological gamblers*. The following graph represents the full sample of all seniors surveyed, including gamblers and non-gamblers. When using the full sample, only 1.4% of seniors were identified as *problem gamblers* and only 0.4% were identified as *probable pathological gamblers*.

Figure 1. Non-gamblers, Non-problem gamblers, Problem gamblers, and Probable pathological gamblers



Problems With Someone Else's Gambling

Approximately four percent (3.7%) of respondents reported that in the past 12 months someone else's gambling caused them a problem. Of the respondents reporting that someone else's gambling was causing them a problem, seventy-two percent (72%) said it was a relative causing the problem. Also, of this group, someone else's gambling caused seventy-seven percent (77%) of respondents worry and/or stress. The remaining twenty-three percent (23%) reported that the problem was one of requests for money.

Perceptions of Gambling as a Problem for Seniors

The majority (83.4%) of respondents reported that they believe gambling can become an addiction for seniors like alcoholism, drug addiction, or smoking. About six percent (6.1%) believe that gambling cannot become an addiction. The remaining ten percent (10.1%) did not know if gambling could become an addiction for seniors. This response pattern was similar for both gamblers and non-gamblers.

When asked what signs would indicate that a senior had a gambling problem, the most frequent indicator cited was "they go gambling often." This reason is followed by a series of "other" statements that generally focus on a "lack of money" or "they talk about it all the time."

How to Help Seniors with a Gambling Problem

To Whom Would You Turn for Help?

Respondents were asked to identify up to three people or groups of people that they would turn to if they or someone close to them had a gambling problem. Only 57.6% of respondents were able to identify at least one source of support—42.4% did not know where to turn for support. Sources of support cited most often were family (16.5%) and Gamblers Anonymous (16.1%). Based on an analysis of first, second, and third responses, the following table (Table 13.) lists the people or groups that respondents identified as sources of support.

Table 13. People or groups identified by seniors as sources of support

	Number of Responses	Percentage of Respondents (n=794*)
Don't Know	337	42.4%
Family	131	16.5%
Gamblers Anonymous	128	16.1%
AADAC	71	8.9%
Clergy	65	8.2%
Counselor	53	6.7%
Friend	46	5.8%
Doctor	18	2.3%
Other (Offer help myself)[18]	47	5.9%
Other (variety of responses)	55	6.9%

* 6 people did not respond

Where Would You Go for Information?

When asked, "Who would you call or where would you go if you wanted information about problem gambling?", 51.5% answered "don't know." The two most often cited sources of information were Gamblers Anonymous (20.6%) and AADAC (10.5%). The following table (Table 14) is an analysis of total responses.

[18] These seniors were making reference to offering assistance to individuals close to them who had a gambling problem.

Table 14. Sources of information about problem gambling

	Number of Responses	Percentage of Respondents (n=792*)
Don't Know	408	51.5%
Gamblers Anonymous	163	20.6%
AADAC	83	10.5%
Family	13	1.6%
Clergy	13	1.6%
Doctor	8	1.0%
Counselor	7	0.9%
Friend	5	0.6%
Other (Phone Book)	40	5.1%
Other (government agencies)	25	3.2%
Other (seniors' organizations)	11	1.4%
Other (variety of responses)	43	5.4%

*8 people did not respond

Reaching Seniors

Respondents were asked to rate (10-point scale) the effectiveness of different ways to reach seniors with messages concerning gambling or alcohol-related issues. The following table outlines responses in order of most successful to least successful methods.

Table 15. Most effective methods to reach seniors
Scale 1-10 1= Not very successful 10= Very successful

Approach	Mean Rating
Discussion group at a senior citizens' drop in centre or some other place where seniors gather	7.06
Lecture or guest speaker at a senior citizens' drop in centre or some other place where seniors gather	7.00
An advertisement or story in a local newspaper	5.17
A poster in a doctors office	5.09
A minister or priest's sermon	4.96
An advertisement or story in a national newspaper	4.22
A mail-out pamphlet	3.79
A poster in places where gambling takes place	3.55

When asked, "Can you think of any other ways to get information to seniors?", thirteen percent (13%) of respondents felt that television and

radio would be successful ways to reach seniors with messages concerning gambling or alcohol-related issues.

Health Status

Respondents were asked to answer two health-related questions. Overall, respondents reported that they were in good health and happy with their life.

Health

Most (85.7%) respondents categorized themselves as very healthy or generally healthy.

Table 16. Self-reported health status

Response	Response Rate
Very Healthy	32.1%
Generally Healthy	53.6%
Generally Unhealthy	11.5%
Very Unhealthy	2.8%

Satisfaction with Life

Most (92%) seniors interviewed described themselves as being very happy or generally happy with their life over the past 12 months.

Table 17. Self-reported satisfaction with life

Response	Response Rate
Very Happy	40.3%
Generally Happy	51.7%
Generally Unhappy	7.1%
Very Unhappy	0.9%

Alcohol Use Among Seniors

A standardized tool, the Alcohol Use Disorders Identification Test (AUDIT) was incorporated into the telephone survey questionnaire. It was administered to all respondents that indicated that they had consumed at least one alcoholic beverage in the previous 12 months.

Slightly more than half of seniors surveyed reported that they had consumed alcohol in the previous 12 months (52.3%). Of the 418 seniors who had consumed alcohol in the previous 12 months, an AUDIT score was calculated for 403 seniors (15 respondents provided incomplete AUDIT data).

The AUDIT is scored by summing the weights associated with the response selected for each item. A score of 8 or more indicates a strong likelihood of harmful alcohol consumption.[19] Only 1.8% of the sample of drinkers had an AUDIT score that would indicate harmful alcohol consumption.

Seniors Gambling and the General Population

In 1998 AADAC conducted a study *Adult Gambling and Problem Gambling in Alberta* (AADAC, 1998). The sub-set of seniors identified in that study was too small for a detailed analysis of seniors' gambling. The following table (Table 18) compares the 1998 gambling prevalence rates of the general population of adult Albertans with the 2000 prevalence rates of Alberta seniors, as measured in this study. A comparison of the two studies suggests that Alberta seniors gamble less than the general population of adult Albertans.

Table 18. Comparison of AADAC 1998 Adult Gambling Prevalence with 2000 Seniors' Gambling Prevalence

Gambling Prevalence	1998 Percent of Adult Albertans (n=1821)	2000 Percent of Senior Albertans (n=800)
Non-Gamblers	12.6%	32.2%
Non-problem Gamblers	82.6%	66.0%
Problem Gamblers	2.8%	1.4%
Probable Pathological Gamblers	2.0%	0.4%

[19] Allen, Litten, Fertig, and Babor (1997). A review of research on the alcohol use disorders identification test (AUDIT). Alcoholism: Clinical and Experimental Research, 21 (4) pp. 613-803.

Conclusions

It is important to note that two approaches (methodologies) were selected to better understand the issues surrounding seniors and gambling. While the two approaches were supportive of each other, they were implemented with separate goals in mind. Phase I focus groups were designed to examine the experience of seniors who were gamblers. The richness of these qualitative data revealed potential issues surrounding seniors and gambling. The Phase II telephone survey was used to determine the extent these issues were shared by the general population of seniors (both gamblers and non-gamblers) and to measure the prevalence of problem gambling among Alberta seniors.

Generally, Phase I data and Phase II data are consistent. What seniors reported in focus groups was supported with data received via telephone surveys with a random sample of seniors. The following statements represent conclusions drawn from the data collected from both Phase I and II. Differences between Phase I and II are noted.

1. Seniors define gambling broadly—from lottery tickets to investing in the stock market. However, interviewers reported that during the focus group and telephone survey a number (exact number not recorded) of seniors did not consider lottery, pull, scratch, and raffle tickets as gambling activities. Focus group respondents regarded these activities as donations to a worthy cause.

2. Approximately sixty-eight percent (67.8%) of seniors gamble in one form or another. Few seniors were identified as *problem gamblers* (1.4%) or *probable pathological gamblers* (0.4%) as measured by the revised South Oaks Gambling Screen (SOGS-R).

3. For the most part, seniors did not report being bothered by the gambling problems of others. If bothered at all, it was usually because of a gambling problem of a relative. This conclusion is supported by both Phase I and II data.

4. The majority of seniors believe that gambling can become a problem for seniors. It is, however, important to note that 16% of telephone survey respondents either did not believe gambling could become an addiction or were unsure that it could become an addiction.

5. Seniors who gamble tend to focus on buying lottery tickets, raffle tickets, scratch and pull tickets, coin slot machines (in a casino), and bingo. They tend to do so monthly and in the case of buying lottery tickets or going to bingo, about 40% do so weekly. No seniors reported gambling on the internet.

6. With the exception of bingo, more male seniors gamble than female seniors. On average, seniors who gamble are somewhat younger than seniors who do not gamble.

7. While a number of focus group participants said they did not begin gambling until they were seniors, 81% of survey respondents, who reported gambling, gamble about the same amount or a little less than they did 10 years ago.

8. Seniors say they are drawn to gambling activities to win money, to be entertained, or to support a good cause. Other reasons offered are to be with others or to pass time.

9. A significant number of seniors surveyed (42.1%) reported not knowing where to go or to whom they would turn if they themselves or someone close to them has a gambling problem. Those seniors who are more sure about where to go or to whom to turn, most often cite family or friends, Gamblers Anonymous and AADAC as sources of support. Seniors in the focus groups were more likely than survey respondents to include clergy and physicians as sources of support. A higher percentage (51%) of seniors surveyed did not know where they would get information about problem gambling. Gamblers Anonymous and AADAC were the most common sources cited for information on gambling.

10. Seniors surveyed and interviewed in focus groups suggest that problem gamblers are difficult to identify. They suggest the most common indicators for identifying problem gambling would be that the person gambles often, they seem to have little money, and they talk about gambling a lot.

11. Seniors suggest the best way to reach seniors is through direct conversation via discussion groups or lectures. Failing direct contact, seniors suggest that local newspapers or posters in doctors' offices may be good mediums through which to convey messages concerning gambling. Seniors interviewed in focus groups stressed having seniors speak to seniors.

Appendix A: Context

Context

Gambling has not typically been a behaviour associated with the elderly. The problem gambler has been commonly depicted as a single male under 45 (Mok & Hraba, 1991; Smart & Ferris, 1996). However, that profile is changing. Studies now indicate diversity in demographics and personality among gamblers (Glentzer, 1995; Murray, 1993; Sommers, 1988). Compulsive gambling is no longer a condition primarily associated with middle age. In 1970 the age spread of compulsive gamblers was likely to be between the ages of 30 and 55; by 1993 the age spread had widened to between 17 and 70 (Glentzer, 1995).

With the aging Canadian population and the increasing accessibility of gaming activities (most notably the popularity explosion of video lottery terminals (VLTs) and the emergence of internet gambling) comes a concern that a growing number of people over age 65 will be participating in gaming activities and experiencing problems associated with gambling.

The Aging Population

Canada is facing the same demographic future as other developed nations: the increasing life expectancy and low fertility rates are resulting in a changing age structure. The table below shows the aging trend in Canada:

Table 4. Percentage of the population aged 65 and over.

Year	Percentage	*Year	Percentage
1951	7.8	2016	15.9
1961	7.6	2021	17.8
1971	8.0	2026	20.0
1981	9.6	2031	21.7
1991	11.4	2036	22.4
1998	12.3	2041	22.6

*projected Adapted from Statistics Canada, 1999

The aging trend in Canada has considerable policy and program implications. The health care system and social services will need to be modified to better serve the growing elderly population. The increasing number of seniors living at home will have implications for housing (i.e., a demand for custom-built or special purpose housing (e.g., modifications

for disabilities). More accommodation in institutions will be needed. As well, more recreation and leisure programs will have to be tailored to the senior population.

Pension improvements and the retirement of couples with two pensions mean that there is a new affluence among the elderly (Statistics Canada, 1994). This could result in a demand (particularly among the "younger" elderly) for "lifestyle" housing and more opportunities for recreation, leisure, and travel.

Issues Facing Seniors

Seniors are not a homogenous group (Statistics Canada, 1994, 1999). The elderly have varying living situations, social support networks, household incomes, and they are more likely to be immigrants than any other group of Canadians. Women outnumber men, and the ratio increases with age. In 1986, women comprised 55% of the population aged 65-74, 60% of those aged 75-84, and 70% of the 85 and older group. Currently, women comprise 57.4% of the population age 65 and older (Statistics Canada, 1999).

Despite these differences, there are a number of common issues that face people age 65 and over.

As people age, they experience different life circumstances and physical and emotional conditions. As Thompson, Itzin and Abendstern (1990) wrote: "later life is built on the cumulative experience of the years…it is far from a fresh beginning" (p. 106). Some predominant issues faced by the elderly are deteriorating health, life satisfaction and well-being, retirement, decreased income, increased leisure time, shrinking social networks, and ageism.

Deteriorating Health Status

With age comes an increase in physical and, in many cases, mental disability. For numerous seniors, mobility and agility problems are common and are often sources of frustration. Thirty-one percent of seniors who lived in private households reported mobility disabilities and 26% noted agility problems (Statistics Canada, 1994). The most common health problems for seniors are arthritis/rheumatism, hypertension, heart problems, cataracts, respiratory trouble, and diabetes (see Table 5).

Table 5. Health problems among seniors, by gender, 1996-97

Condition	Male	Female	Total
Arthritis/rheumatism	34.1%	48.7%	42.4%
High Blood Pressure	27.4%	36.4%	32.6%
Allergies	13.3%	28.2	21.7%
Heart problems	18.1%	14.4%	16.0%
Cataracts	12.0%	17.3%	15.0%
Respiratory trouble	12.4%	11.3%	11.8%
Diabetes	12.4%	9.0%	10.4%

Adapted from Statistics Canada, 1999

The rates of respiratory and heart problems reported by seniors were more than twice the rates experienced by the total population. Four and a half times more seniors suffer from diabetes than the rest of the population.

Seniors, on average, appear to have healthy lifestyles. Regular smoking and alcohol consumption were lower among Canadians age 65 and older (see Table 6).

Table 6. Daily Smoking and regular alcohol consumption in seniors and under age 65

	Senior Males	Senior Females	Under 65
Regular smoking	15.1%	10.2%	24.7%
Regular alcohol consumption	48.5%	29.1%	55.9%

Adapted from Statistics Canada, 1999

When asked to report their health, people age 65 and over were three times more likely, on average, to say that their health was poor (Statistics Canada, 1994). However, the majority of seniors in private households (78%) reported that they were in good or excellent health (Statistics Canada, 1999). Being in reasonable physical health allows seniors more choices in life. Many Canadian seniors reported that they did not feel severely limited by physical disability (Statistics Canada, 1994).

Life Satisfaction and Well-being

Older Canadians are generally satisfied with their lives. Most seniors (95%) reported that they were very happy or somewhat happy (Statistics Canada, 1994). Life satisfaction and happiness were associated with

satisfaction with family relations and good health status, but not income level.

Bisconti and Bergeman (1999) found that for adults age 65 and older, the relationships between social support and three factors: depression, life satisfaction, and perceived health, were mediated by perceived social control. That is, the effect of social support on lowering depression and increasing life satisfaction and perceived health was decreased when the individual's sense of control and mastery over his or her life was taken into account. Therefore, perceived control plays an important role in an elderly person's resilience and successful adaptation to life.

A case study of a 70-year-old retired professional reported that "the most important source of well-being is being able to please yourself and having plenty to do. If I didn't feel I had plenty to do, I would easily get bored" (Sherrard, 1998, p. 256). Despite some health problems, the gentleman felt that aging and health had little to do with well-being. He believed that key factors to well-being were autonomy and activity. It is important for seniors to be independent and also to have plenty of activities to keep them occupied.

Retirement

One of the major life changes experienced by Canadian elderly is retirement. People respond to retirement in different ways. Some feel it is a welcome release from the burden of work, while others are left feeling useless, restless, and depressed. For many, it is a formal policy decision (Monk, 1979) that is forced upon them, rather than an individual choice. Retirement has two primary implications for seniors: a decrease in income and an increase in leisure time.

Decreased Income

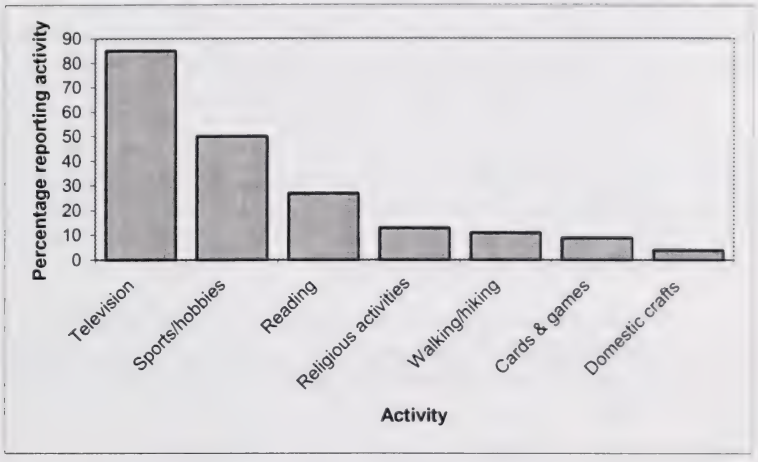
Seniors are "financially much less well-off than they were" (Statistics Canada, 1994, p. 351) and do not typically have future prospects to increase their earnings. Their income comes primarily from private and public pensions, and potentially from other government sources (such as welfare or social assistance). There is evidence of a "new affluence" among the elderly, due to improvements in pensions and the retirement of two-income earner families. As well, many seniors own homes, which increases their financial position (Statistics Canada, 1994). However, in 1996, 20.8 percent of Canadian seniors were living in poverty[20] (Statistics Canada, 1998). Only 7.6 percent of elderly who lived with their families were considered low income, while 47.9 percent of "unattached" people over 65 were living in low-income situations.

[20] Based on Statistics Canada Low Income Cut-offs, 1992 base.

Increased Leisure Time

Retirement is "one of the main factors influencing the time use of elderly people" (Statistics Canada, 1994, p. 351). On average, Canadian seniors have 7.8 hours of free time[21] per day. This increased free time allows seniors to participate in leisure activities for more hours per day than younger people. Some of the activities reported by seniors are found in Figure 1.

Figure 1. Leisure time use of Canadian seniors ("on any given day")



Adapted from Statistics Canada, 1994

In Thompson et al.'s interviews (1990), they too found that most seniors watched television regularly. Other leisure activities included reading, doing crossword puzzles, listening to the radio or music, cooking, sewing and knitting, gardening, and taking outings in the car. Some exercised fairly regularly, but the games were not more energetic than bowling or golf. Finally, some seniors enjoyed individual, creative leisure activities such as painting, collecting pottery or antiques, photography, or writing poetry.

Canadian seniors are active in political organizations (50%), religious or church-related organizations (20%) and charitable, service or volunteer organizations (20%)[22]. Many seniors are also returning to school.

The elderly's use of leisure time is fairly standard in developed countries. The Berlin Aging Study (Baltes & Mayer, 1999) sample (aged 70-84) reported the following leisure activities (not including watching television and reading): visiting restaurants (55.4%), traveling (48.3%), day trips

[21] Free time includes everything but time spent on paid work, education, and personal and family care (Statistics Canada, 1994).
[22] 1988 data reported in Statistics Canada (1994).

(46.5%), attending cultural events (40.5%), sports (27.5%), playing games (21.8%), hobbies (11.1%), dancing (9.7%), volunteer work (9.0%), political activities (6.0%), continuing education (5.6%) and creative activities (3.7%).

The ways in which elderly people approach their daily lives are diverse. In Thompson et al.'s (1990) study, one widow spent her typical day "sitting here," another had no routine and spent much of her time inside, while a third was very active each day with planned visits with friends, clubs, and church activities.

In order to fulfill social needs, some older people visit friends or family at home and others join clubs. One widow's regular social life centreed around clubs. She regularly attended a Bingo Club, but said "not that I'm interested in bingo really, but it was just an afternoon meeting people" (Thompson et al., 1990, p. 165). However, many of the people interviewed in the same study disliked "old people's clubs," as "they see them as places where they would be herded together in a passive group, disparagingly categorized as old, provided for and patronized by club organizers regarding themselves as unquestionably their social superiors" (Thompson et al., 1990, p. 169).

Seniors are active in a wide range of volunteer activities. While they are less likely than younger people to engage in formal volunteer activities, 58 percent of seniors report doing some volunteer work (Statistics Canada, 1999).

Shrinking Social Support Networks

Older people are likely to face widowhood and the loss of friends and family. These losses are emotionally difficult. Beyond dealing with the loss of a loved one, the senior also finds him or herself with fewer social contacts, which is also detrimental to a person's well-being. When asked who they would turn to for emotional support, 25 percent say they would turn to their spouse or partner, 27 percent would turn to their child, 11 percent would turn to a friend and 9 percent would turn to a professional (doctor, counselor, or clergy member)[23]. The most striking finding is that 7 percent would not ask anyone for help. This proportion is almost twice that of the whole population.

One result of the death of a spouse or family member(s) is that the person is left to live alone. Women, on average, tend to outlive their spouses. As the elderly population continues to grow and Canadians are living longer, with better mobility and general health, and access to pensions, many seniors are living by themselves (Statistics Canada, 1994). In the past, many seniors were supported by family. However, elderly people can no longer expect to spend their senior years living with their families – the extended family household is becoming a thing of the past (Statistics Canada, 1994).

[23] Data from the General Social Survey (1990), reported in Statistics Canada (1994).

Ageism

The elderly experience a form of discrimination. Take, for example, the common stereotype depicted in *I Don't Feel Old* (Thompson et al., 1990, p. 107-108):

> *Old people think and move slowly. They are not creative and can't learn, change or grow. They dislike innovation and new ideas. They enter a second childhood and are egocentric. They become irritable and cantankerous, yet shallow and enfeebled. They live in the past behind the times. Their minds wander and they reminisce. They are also often stricken with disease which restricts their movements. They have lost and cannot replace friends, spouse, job, status, power, influence and income. They have lost their desire and capacity for sex. Feeble, uninteresting, they await death, a burden to society, their families, themselves.*

Another stereotype of the elderly is that they are 'sweet' and 'kindly.' They are "expected to be inactive, invisible and happy" (Thompson et al., 1990, p. 108). In North America, the elderly are often regarded as a burden. Unlike other cultures such as the Chinese, Canadians typically do not revere and respect seniors. They are believed to be powerless non-contributors to society.

When seniors were asked, "Do you think of yourself as old?" the virtually unanimous response was, "No." (Thompson et al, 1990). The respondents (aged 58-86) said that, "You're as old as you feel." They didn't think of themselves as old, just *older*. They took pride in "thinking young" and claimed that "It's only when the parts wear out that you begin to think of age" (p. 111). The young have a more negative view of later life than seniors do (Monk, 1979). They also view the elderly as less active (e.g., in sports, day trips, attending events) than they actually are (Mayer, Maas & Wagner, 1999).

So we have to see beyond the stereotypes of the sweet grandmother, the meddling elderly neighbour, the dirty old man, the wise elder, the eccentric old fellow, or the spinster. We must realize that, as Thompson et al. (1990) wrote: "later life demands courage and...imagination too. But both prove abundant" (p. 4).

Seniors and Gambling

What do all of the issues described above mean for the gambling behaviour of the elderly? Seniors have more leisure time. Many are affluent, many are poor. They do not feel old, do not appreciate ageism and stereotypes, and, although they experience some mobility problems and other disabilities, for the most part they are reasonably healthy and can get around without much trouble. An increasing number are living alone and experiencing shrinking social networks as they outlive their spouses, friends, and family members. Seniors are coming from smaller

families, with fewer children, in a time when people are more transient or mobile and often settle away from their hometown and family. They are often isolated and are looking for opportunities for socialization. Today's seniors grew up in a time when gambling was illegal or sinful, but romanticized (for example, in literature such as stories by Mark Twain, O. Henry, Stephen Crane and others) (Stone & Kalish, 1981; Volberg, Reitzes & Boles, 1997). However, gambling has been gaining social acceptance (Mok & Hraba, 1991).

A cohort effect may help to explain the negative relationship between age and gambling behaviour. Monk (1979) explains the cohort effect:

> *Each generation of older persons has lived through a unique set of historical circumstances and shaped a profile of its own. Generalizations about its life experiences may therefore not be applicable to successive cohorts. New generations enter the aging stage with their own developmental stakes and are exposed to unprecedented realities (p. 179).*

The theory of age stratification suggests that "people are socialized for appropriate behaviour in specific age strata and that individuals acquire normative beliefs as to how one should behave while a member of a particular age stratum" (McPherson & Kozlik, 1987, p. 225). With respect to gambling, more recent generations have been socialized into a less conservative environment about gaming behaviour (Mok & Hraba, 1991). This is illustrated if one examines (American) polls over the years. In 1939, 54 percent of the population had gambled at least once; in 1950, a Gallup poll claimed that 57 percent of the population gambled; in 1975, 61% of a sample had gambled in the past year; and in 1989 another Gallup poll found that 72 percent of adults had gambled in the past 12 months (Mok & Hraba, 1991).

A few factors have contributed to the current perception that gambling is a legitimate form of entertainment (Volberg et al., 1997):

- The expanding role of governments in regulating and operating gambling activities.
- The medicalization of problem gambling, meaning that it is a treatable illness or solvable problem.
- The view that gambling can be controlled or managed by corporate systems or technology.
- The growing acceptance of gambling by the middle class. Gambling has long been disregarded by the upper classes, tolerated by the lower classes and frowned upon by the middle class.

Today, gambling is legalized, accepted, and even mainstream entertainment. With the increase in acceptance of gambling as a form of entertainment has come the astounding escalation in the availability of gaming opportunities. Lotteries, video lottery terminals, casinos, Internet gaming, and other legitimate forms of gambling have become more accessible to everyone (Glazer, 1998; Murray, 1993; Vorberg et al., 1997).

This ease of access is problematic for potential pathological gamblers, as the gambling addiction rate is double for people who live within 80 km of a gaming establishment (Nicol, 2000, p. 17).

Need for Research

Very little has been written about the gambling behaviour of seniors. What literature does exist (gathered from academic journals, books, and also the world wide web) is intriguing and useful for increasing understanding of this emerging issue.

Prevalence

There is limited information available on the number of seniors who gamble, or the percentage who present as problem gamblers. Mok and Hraba (1991) found that 54.3 percent of those aged 65-74 and 30.6 percent of seniors over 75 took part in some form of gambling. These percentages were significantly less than all other age categories. A New Jersey study (cited in Nicol, 2000) found that seniors were responsible for at least 38 percent of casino visits. The National Gaming Institute (U.S.) estimated that "65 percent of the 3.8 billion dollar Atlantic City Casinos revenue was contributed by senior citizens" (Council on Compulsive Gambling of New Jersey, 1998, July)[24].

The Executive Director of the Rideauwood Addiction and Family Services in Ottawa noted that the organization has seen an eightfold increase in treating elderly gambling addicts over the past three years (Nicol, 2000). The Council on Compulsive Gambling of New Jersey (1997) estimated that 5 percent of seniors who gamble are compulsive gamblers. As well, almost 14 percent of callers to the 1-800-gambler helpline (U.S.) in 1997 were senior citizens (Council on Compulsive Gambling of New Jersey, 1998, July). Alternatively, the Chairman and CEO of the Ontario Lottery and Casino Corporations claims that the gambling experience is merely a social event for seniors, and that "some just take the bus ride and don't gamble at all" (Nicol, 2000, p. 16).

What might motivate seniors to gamble?

For some seniors, gambling has been a life-long activity. Gafner and Uetz (1990) have written about an elderly man who eventually lost his wife and home because of his excessive gambling. His father played cards and liked to bet on sporting events. He first became involved in gambling at 9 years of age when he worked as a bellhop in Chicago and ran bets for customers. Today he and his older brother continue their weekly trips to the dog track, despite money shortages. Another case study (Glazer, 1998) told the story of a 71 year old man who has gambled since he was 12 years old. When he retired he took his money in a lump sum and lost it

[24] It is important to caution that gambling research in Canada should not be predicated solely on these numbers, since gambling prevalence is likely different and gaming legislation is not the same.

all in three days of gambling. His income was from Social Security and a pension, but he gambled all $1,500 each month. He liked to gamble "as often" as he could. He had a long history of depression and blamed his gambling behaviour for his isolation from his family members.

Stone and Kalish (1981) studied the elderly's use of poker casinos in Greater Los Angeles. They found that seniors were prevalent in these clubs, especially during the daylight hours, when 40 percent of the players were over the age of 65. By early evening, approximately 20% of the patrons were seniors. The elderly spent 5.7 hours in the clubs, on average, and clustered at the less expensive tables while playing. However, they estimated that between 50 percent and 90 percent of the non-players were over 65. The non-players were people in the restaurant, bar, and other informal meeting places. The study respondents averaged 2.5 visits per week. Why did they visit the clubs? Seventy-five percent reported that they just like to gamble, but only 10 percent expected to win. Other reasons for making the trip included enjoying the atmosphere, having nothing better to do, needing to get away from where they live, and figuring that they could win some money. A very small number felt compelled to visit the club.

Stone and Kalish (1981) concluded that gambling offered seniors:

- A real payoff. Gambling is part of the real world, not a planned program.
- A challenge. They can pit their skill and good fortune against others without being patronized because they are old.
- An opportunity to make their own decisions. The individual gets to decide whether or not to play, how to play and when to play.
- An engaging form of entertainment. There are not many engaging activities for retired seniors. While they are gambling, they feel absorbed, involved and caught up in the action of the moment.
- A sense of power. While at the gaming establishments, they do not feel a lack of power because of their age status. "The poker table is a total leveler of age" (p. 37).

Some seniors seek a social atmosphere, some are just looking for an entertaining way to use their leisure time, and some enjoy including gaming activities in their weekly routines. Some elderly people like the idea that they are the decision maker. They are not a passive participant when they gamble, and they are psychologically engaged. Some enjoy the mere fact that they are participating in a program that is not planned for seniors. For others, the activity becomes more serious when they risk comfortable retirement for one last chance to strike it rich and end up chasing their losses. Whatever the motivation, the prevalence of seniors who gamble appears to be on the rise. Therefore, prevention, education and intervention programs are needed to address the elderly whose gambling behaviour has become problematic.

Information and interventions available for seniors

The elderly are a difficult population to reach for prevention, education and treatment. The General Social Survey (1990) found that seniors were almost twice as likely as the rest of the population not to turn to anybody for help if they were feeling "just a bit down or depressed" (Statistics Canada, 1994). Many won't seek help for a gambling problem until after they have had a catastrophe that seriously affects their personal and marital functioning or their financial status (Glazer, 1998; Nicol, 2000). The elderly are more likely to be isolated (i.e., live alone, or have fewer social contacts). Gambling is considered a form of socializing for this population (Glazer, 1998). People may not consider that gambling problems can occur in the elderly. State lotteries are popular forms of gambling for the elderly as they are quick and convenient and an addiction is easy to hide. Gamblers in general are reluctant to acknowledge their problems (Nicol, 2000), but it is often easier for elderly gamblers to hide their addiction.

The North American Training Institute has an information web page on seniors and gambling that presents warning signs of gambling addiction and sources where one can look for help. The Peardonville House for Women and Problem Gambling offers some initial warning signs, and also a model of potential explanations why senior women may become problem gamblers.

Problem Gambling and Senior Women

➢	Chronic pain/health problems	➢	Grief	➢	Isolation
➢	Controlling or domineering spouse	➢	Relationship difficulties/abuse	➢	Loss of finances/home
➢	Stress	➢	Lack of leisure activities/hobbies	➢	Lack of identity
➢	Boredom	➢	Loss of youth	➢	Depression

Source: www.cobra-net.com/peardonvillegamb/senior.htm

The Council on Compulsive Gambling of New Jersey, Inc. ("The Council") has developed a Senior Outreach Program. It is an awareness and education program for the elderly. The Council also publishes the Senior Times newsletter which is meant to raise awareness and provide education about the potential dangers of legalized gambling.

The Minnesota Council on Compulsive Gambling has also developed an education program for seniors. *Gambling Away the Golden* Years was featured on NBC Nightly News with Tom Brokaw on July 13, 1998.
Some authors suggest that seniors should be screened for gambling problems by physicians or social service agencies when they present with physical health complaints (Fessler, 1996; Nicol, 2000). Clinical symptoms such as headaches, chest pain, breathing difficultes, and numbness in arms and legs may manifest in pathological gamblers (Gafner & Uetz,

1990). As well, gamblers may present with signs of antisocial personality disorder (Cunningham-Williams, Cottler, Compton, & Spitznagel, 1998; Rozin & Stoess, 1993; Steel & Blas, 1996), impulse control disorder (Black & Moyer, 1998), depression (Glazer, 1998), attention deficit disorder (Glazer, 1998). However, Murray (1993) notes that "no one personality test has yielded consistent significant differences between gamblers and non gamblers" (p. 793). Bergh and Kühlhorn (1994) found that negative consequences of pathological gambling included depression or low self-esteem (40%) and physical health problems (10%). Other negative consequences were financial problems (63%), impaired relations with family & friends (45%), "never being able to live the life of an average person" (23%), social isolation (13%), problems at work (13%), and criminality (5%). Eighty percent of the study subjects reported more than one of the consequences listed above.

Evidence of cross-addictions is common in the literature (Briggs, Goodin & Nelson, 1996; Griffiths, 1994; Murray, 1993; Rozin & Stoess, 1993; Smart & Ferris, 1996) and could potentially be uncovered by health professionals.

Treatment programs are often modeled after programs for addictions such as alcoholism or drug abuse (Blume, 1987) (e.g., Gamblers Anonymous). However, it may be difficult for seniors to attend programs such as Gamblers Anonymous due to limited means of transportation and the paucity of meetings that occur during the day, when seniors prefer to travel (Fessler, 1996). Finally, there are local and national gambling help lines available to help everyone.

It is important to remember that of those who gamble, very few are considered to be pathological gamblers. But gambling can become a serious problem. However, is the senior citizen who spends hours in a casino, but spends very little money (although it may be a significant proportion of his or her income) a problem or potential problem gambler? This person may be filling a social or personal need without large financial losses or exhibiting uncontrolled behaviour. Seniors need to be informed about the potential problems associated with gambling and need access to appropriate interventions when their gambling becomes problematic.

Marketing Gambling to Seniors

Marketers know that seniors have a lot of leisure time and, because of their aging bodies, fewer recreational options available to them than when they were young. Seniors still receive an income, and many have substantial savings. Casinos offer "excitement, a safe environment, and a place where they can mingle with others during a day trip" (Nicol, 2000, p.16). Seniors receive mailouts from casinos and hotels which often offer inexpensive holidays that feature hotel stay, transportation, meals, free drinks, and gambling chips. The following modified example is from Stone and Kalish (1981):

> *This fabulous new hotel invites our Senior Citizen members to enjoy a three-day holiday. Your cost includes transportation, twin bedroom, one buffet breakfast, one buffet dinner, $3.00 in nickels, one free cocktail and lounge show. Also included is a trip to X with cocktail, a trip to Y with free nickels and booklet, and one breakfast at Z restaurant with fun book. One suitcase per person. Twin accommodations only.*

Senior memberships and/or seniors days are available at some establishments, which present discounts, package deals, or "freebees" to older people. One site offers seniors a "risk-free way to play." They can win or lose points rather than money... "but this will give you a chance to brush up on your skills, so when you get to those casinos in Reno or Vegas, you'll be ready to win" (www.sancho.com/seniors.html). One can go online and find the Association of Senior Gamblers (ASG), "where seniors are VIP!" (www.seniorgamblers.org), which offers information, specials and discounts. The Association feels you should join because "at ASG, we simply believe you have worked your whole life, raised a family, paid more taxes than you want to think about, and now that you are in the prime of your life – YOU DESERVE IT!"

It is important to note that research has found that the majority of seniors who gamble are not problem gamblers. As well, at the bottom of many of these web pages are advertisements featuring phone numbers of confidential problem gambling help lines.

Internet Gambling

Due to the increasing popularity and availability of online gaming activities we wanted to take a closer look at Internet gambling and its future effect on the senior population. The baby boomers are very familiar with and comfortable with computer technology. Many rely on it on a daily basis in their work and home environments. As this population faces retirement, they will potentially spend much of their new leisure time in front of their PCs. There are endless services and leisure opportunities to be accessed through the computer, including online shopping, reading newspapers and magazines, surfing the Internet, playing card games, and online casinos, betting, and investing.

Many of today's seniors are no strangers to the wonders of computer technology either. A study conducted for SENIORNET (cited in Council on Compulsive Gambling of New Jersey, 1998, August) found that "the stereotype that seniors are resistant to new technologies is out of date." The age category of 55 and over are the fastest growing age group to use the Internet. Another study reported that many seniors are embracing Internet technology, although they require time and assistance in learning computer systems (White & McConnell, 1999). A 1995 U.S. national survey found that 29 percent of adults 55 and older and 23 percent of seniors 75 and older owned a PC (White & McConnell, 1999). Undoubtedly this percentage has increased over the past five years. The computer allows the user a sense of control and personal decision

making, which is something desired by seniors. Many Internet sites are tailored for seniors and contain links to leisure opportunities including gaming activities (e.g., iseniors.com, senior.com).

In the last decade there has been a mass explosion of the Internet. It is estimated that approximately 40 million people in Canada and the U.S. now have access to the Internet, and by the year 2001, over 100 million will be on line (O'Neill, 1999). Numerous legal and illegal gambling sites are just a click away for anyone sitting in front of a PC.

The proliferation of Internet gambling is difficult to track. There are approximately 650 web sites offering gambling (deBendern, 2000; Jesdanun, 2000). One online casino owner forecasts that the number of online players will jump from 3 million in 1999 to 16 million in 2002 (deBendern, 2000). A recent study by the Investment bank Bear, Sterns & Co (January, 2000) reported that $1.2 billion in bets were laid over the Internet in 1999 and that amount could surge to $3.0 billion by 2002, given the present fast growth of the online gaming industry. This expanding technology means that potential compulsive gamblers have yet another opportunity to become addicted (O'Neill, 1999).

One major problem with Internet gambling is that it is an extremely private way to gamble. It is convenient, anonymous, and available 24 hours a day.

Another issue with online gaming is the difficulty in monitoring the activity. Current security measures include personal identification numbers (PIN), passwords, credit card numbers, or E-cash (electronic money) (O'Neill, 1999). However, many children can easily access their parents' accounts. O'Neill (1999) stated that future security measures may come in the form of voice recognition, video verification, or thumb print identification, but none of these methods are widely available today.

There have been some attempts to legislate "cybergambling." Australian States have passed Internet gambling laws allowing companies to operate (Michener, Gregory & Swatman, 1999). The country is working to provide a fully regulated environment for Internet gambling. It is an extremely complex undertaking. Issues of concern are transaction security, identification, and underage and problem gamblers. Sweden has made e-gaming illegal, while the legal status in the U.S. is "unclear" (deBendern, 2000). To avoid U.S. laws against gambling, many companies have set up offshore operations. Companies are looking at opportunities in Asia (which is still a young Internet market and a population that loves to gamble) and Australia (which is considered to have relaxed online gambling regulations) (deBendern, 2000). One Internet company co-founder said that "you're not going to kill [Internet gambling] out if one country or one state says no. The world really is the marketplace." (Jesdanun, 2000).

Griffiths (1996) believes that "the Internet could easily be used [as the] focus of obsessive and/or compulsive behaviours (such as gambling)" (p.472). It is exposing many people to gaming activities and has a wide variety of options for those who seek out gambling opportunities.

Compulsive gambling is associated with access to gaming opportunities and the Internet provides convenient, private, all-hours access.

Conclusion

While seniors have had many life experiences and are believed to be competent and mature enough to "keep their cool while playing the machines" (Nicol, 2000), one representative of the Florida Council on Compulsive Gambling stated that "judgment is not the issue – addiction is" (Nicol, 2000). Seniors are a vulnerable population for problem gambling because of the life circumstances they have to face (i.e., deteriorating physical and often mental health, retirement (which results in a lower income, more leisure time, and, in some cases, feelings of depression and anxiety), the death of loved ones and increasing social isolation, and ageism). They are looking for ways to use their hours of free time and fulfill needs for socialization and psychological engagement. Gambling offers stimulation and an entertaining way to use leisure time. For some seniors gaming establishments offer a place where they are not looked upon as old, and can make their own decisions (Stone & Kalish, 1981). Marketing is targeted directly at seniors, offering incentives such as Club membership, free transportation, meals, and gambling chips. Finally, the increasing public acceptance and legalization of gaming activities and the proliferation of gambling opportunities has facilitated the convenience and legitimization of this form of entertainment for the elderly population.

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Appendix B: Focus Group Protocol

AADAC
Seniors' Gambling

Focus Group Protocol and Guide

March 2000

1. Recruitment Protocol
2. Sample Interview Questions

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RECRUITMENT PROTOCOL

Hi. I wonder if I could talk to you for a minute?

My name is _____. I am working with Howard Research. We have been hired by the Government of Alberta to talk to seniors about gambling. We're going to be talking to seniors across Alberta during the month of March.

In this community we will be holding a discussion with about 10 seniors to talk about gambling -- how seniors gamble, what they like about it, where they gamble, and so on.

You will be paid $50.00 to participate and refreshments will be provided.

IF THE PARTICIPANT ASKS ABOUT TRANSPORTATION:
If you need transportation we will arrange for a taxi cab to pick you up and take you home.

I will call you the day before the meeting to remind you about when and where, and I will meet you there to say hello. Two researchers, Peggy and Dale Howard from Edmonton will facilitate the discussion. It will take about one and a half hours.

We would really appreciate if you be willing to share a couple of hours of your time to help us learn more about seniors and gambling. I think it will be a nice little group and pretty interesting too. Might you be willing to join us?

WHEN:
(Distribute invitation identifying time, place, date, and contact)

IF PARTICIPANT REQUESTS FURTHER CLARIFICATION
Gambling is a really important issue that we don't understand all that well. We're going to be talking to seniors to help us understand what kinds of information seniors would like to know about gambling, how seniors gamble, who they talk to about gambling and so on.

INVITATION to ATTEND

Seniors' Focus Group Session on Gambling

Day: _____

Time: _____

Place: _____

Contact: _____ (Call collect)

howardresearch
AND INSTRUCTIONAL SYSTEMS INC.

SAMPLE INTERVIEW QUESTIONS
FOCUS GROUP GUIDE

The following questions serve as a guide. Not all questions will necessarily be put forward to the group.

OBJECTIVE	QUESTONS
Definitions of Gambling	What do you think gambling is?
	How would you explain what gambling is to a young grandchild?
	What do you consider to be a gambling activity?
	Is buying a raffle ticket gambling?
	What kind of activities do you call gambling?
Typical Participation in Gambling	When you gamble, what do you usually gamble at?
	What kinds of gambling do you do most often?
	Where do you do most of your gambling?
	Where do most seniors gamble?
	Is there a time of day of year that seniors prefer to gamble?
	Is there a time of year that seniors prefer to gamble?
	Do you travel out of your home community to go gambling?
Reasons for Gambling	What factors or reasons encourage seniors to gamble?
	What would you rather do than gamble?
	Of all the things you do, how important is gambling?
	What do you give up to be able to gamble?
Prevalence of Gambling Among Seniors	How often do you think the typical senior gambles?
	How much time do you think a typical senior gambles when s/he goes to gamble?
Influencers	When you have something important to talk to someone about, who do you talk to?
	Whose opinion do you value most about your health and well-being?
	Whose opinion do you value most about your safety?
	Whose opinions about your behaviours matter to you?

Influences of Others' Gambling Behaviour on Seniors	Who are most seniors likely to gamble with?
	Do you think seniors are more likely to gamble if their friends gamble?
	Do you think seniors are more likely to gamble if family members gamble?
	With whom do you think most seniors prefer to gamble?
Problems Related to Gambling	What kinds of problems might be related to gambling?
	Do seniors experience any problems related to gambling?
	What problems do seniors experience because they gamble?
Identifying Problem Gamblers	How would you describe a problem gambler?
	How can you tell a gambler is a problem gambler?
	How easy is it to tell a problem gambler from a non-problem gambler?
	What does a typical problem gambler look like?
Demographic Characteristics of Problem Gamblers	Who are the typical problem gamblers?
	Do you think problem gamblers are more likely to be male or female, younger or older, live alone or with somebody else, well off or not so well off?
Prevalence of Problem Gambling Among Seniors	How much of a problem do you think gambling is among seniors?
	Of the seniors that you see gambling, how many of them do you think have a gambling problem?
Alcohol Habits and Their Relationship to Gambling	Do you think people who gamble are also more likely to use alcohol?
	Do you think that most seniors who gamble also drink?
	Do you think alcohol should be served in gaming venues—casinos, bingo halls, etc.
What Seniors Need to Know About Gambling	What kinds of information should be made available to seniors about gambling?
	Are seniors in need of any information in relation to gambling?
	Do you think most seniors know what problems can be associated with gambling?
	Would you know where to go for help if you or a close friend or relative had a problem with gambling?

Best Methods of Communicating and/or Communicating Gambling Information to Seniors	How do you think that information about gambling can best reach seniors?
	Where would you be most likely to look for information on problem gambling?
	What is the best way to communicate information about gambling to seniors?
	What medium (TV, radio, newspaper) do you use most to get information?
Where Problem Gamblers Would Seek Help	Where do you think problem gamblers would go to seek help?
(Specific to Influencers)	Who do you think a senior would listen to about their gambling problem?
	Who would you talk to if you had a gambling problem?
	Who would you not want to talk to about a gambling problem?
Most Appropriate Prevention Strategies for Problem Senior Gamblers	What kinds of information do you think would prevent seniors from becoming problem gamblers?
	What kinds of actions do you think would prevent seniors from becoming problem gamblers?
	Who has a role in helping seniors with problem gambling behaviours?
	What should those people do to help seniors who have a problem with gambling?
	What resources would best help seniors with gambling problems?
	What kind of help would seniors be most likely to access if they had a gambling problem?
Best Ways to Treat Seniors with Gambling Related Problems	When seniors have a gambling problem, what is the best way to treat that problem?
	What is the best thing someone could do to help a senior who has a gambling problem?
Barriers to Treatment for Seniors with Gambling Problems	Why do you think seniors who have a problem with gambling might refuse help?
	What keeps a problem gambler from seeking help?
OTHER ISSUES	

Appendix C: Survey Questionnaire

ID: _____

AADAC SENIORS' GAMBLING **INTERVIEWER:** _____

Respondent Information	**Telephone Number**	**Postal Code**
	( )	

Hello, my name is (first & last name) and I'm calling from Howard Research. We're a professional research company and today we're calling a sample of seniors on behalf of the Alberta Government (Alberta Health and Wellness and AADAC—Alberta Alcohol and Drug Abuse Commission). May I ask if you are age 65 or older?

IF YES – GO TO STARTIF NO – ASK, Is there anyone in your household who is age 65 or older?

IF NO – SAY, Thank you very much for your time.

IF YES – ASK, May I speak to that person please?

IF THEY ARE NOT HOME – ASK, Could I please have the first name of that person so I can ask for them when I call back? When would be the best time to reach (name of contact person)?

Contact Name	**Contact Date and Time**

START

This survey is on the gambling activities and alcohol use of Alberta seniors and we'd like to include your views. I'd like to assure you that all of your answers will remain confidential and your participation is completely voluntary. You don't have to answer any questions you feel uncomfortable with. The interview will take 20 to 30 minutes. Do you have time to talk now?

IF NO TIME NOW – ASK, When would be a better time for me to call you?

Contact Name	**Contact Date and Time**

IF NO OR NOT SURE, We would really appreciate your help on this study. It is important that we learn more about seniors' attitudes toward gambling and alcohol so that we can address concerns you may have.

IF THE PERSON NEVER GAMBLES OR DRINKS, SAY, We understand that not everyone gambles or drinks alcohol, but your opinion is still very important to us.

IF THE PERSON IS STILL HESITANT – SAY, If you like, I can have Pam Hirsch from the Alberta government give you a call to give you more information about the study before you make a final decision about whether to participate - OR - If you would prefer, you can call her at 422-3586 or toll free by dialing 310-0000 and then 422-3586.

Contact Name	**Contact Date and Time**

IF THE PERSON STILL REFUSES, THANK YOU AND TERMINATE.

SECTION A: Seniors Gambling Activity

First, I would like to ask you about some gambling activities that you may have participated in during the past year. **(FOR EACH GAMBLING ACTIVITY, ASK THE FOLLOWING QUESTIONS)**

1. In the past 12 months, have you bet or spent money on ..... a), b), c) etc?
(IF YES, ASK QUESTIONS 2 AND 3)

2. How often do you bet/buy/spend money on ..... a), b), c) etc?

3. When you bet/buy/spend money on..... a), b), c) etc, how much money do you typically spend on this activity per...?
(IF a single activity like buying a ticket say per time)

(IF a multiple betting situation like VLTs say per session)

GAMBLING ACTIVIES	1. gambled in past 12 months				2. # of times gambled Rate			3. money spent		
						dk	ref	Per Time	dk	ref
a) lottery tickets such as 649, Super 7, or pick 3	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF
b) instant scratch tickets, pull tabs or Nevada tickets	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF
c) raffle tickets or fundraising tickets	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF
d) horse races (either live at the track or off-track)	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF
e) sports teams or sporting events	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF
f) Bingo	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF
g) VLT's (video lottery terminals)	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF
h) coin slot machines in a casino	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF
i) other casino games such as blackjack or roulette	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF
j) cards or board games with family or friends (cribbage, rummy, poker)	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF
k) games of skill such as golf, pool, bowling or darts	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF
l) sweepstakes received in the mail	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF
m) gambling on the Internet	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF
n) the stock market	Y	N	DK	REF	Daily Weekly Monthly Yearly	DK	REF	$	DK	REF

IF RESPONDENT HAS NOT GAMBLED IN THE PAST 12 MONTHS, PROCEED TO QUESTION 7.

4. In relation to other activities that you do—for example, other recreation activities, visiting with family and friends, or volunteering—how important would you rate gambling on a scale from 1 to 10. Ten being very important and one being not important at all.

not important at all									very important	99 don't know
										98 refused
1	2	3	4	5	6	7	8	9	10	

5. Compared to 10 years ago, would you say that you are gambling..... (**READ OPTIONS 1 to 5**)

a lot more	a little more	same amount	a little less	a lot less	99 don't know
					98 refused
1	2	3	4	5	

6. People gamble for different reasons, could you tell my why you gamble

(**DO NOT READ RESPONSES. RECORD, IN ORDER, 1ST, 2ND AND 3RD RESPONSE**)

REASONS FOR GAMBLING	RESPONSE (1, 2 OR 3)
1. to be with others or do things with my friends	
2. because it is exciting	
3. because I am lucky	
4. to win money	
5. to support a good cause	
6. for entertainment or fun	
7. to forget problems for awhile	
8. to be alone	
9. to relax	
10. to pass the time	
11. because I am good at it	
12. Other **(RECORD)**	

99 don't know
98 refused

SECTION B: SOGS – R Questions

The next series of gambling questions have been used throughout North America in surveys similar to this one. We want to know what your gambling experiences have been **in the past 12 months**. Please try to be as accurate as possible in your answers and remember that all this information is strictly confidential.

S1. When you participate in the gambling activities we discussed earlier, in the past 12 months, how often did you go back another day to win back money you lost? Would you say…..
(READ OPTIONS 1 to 4)

never	some of the time	most of the time	every time	99 don't know 98 refused
1	2	3	4	

S2. In the past 12 months, have you ever claimed to be winning money from these activities when in fact you lost? Would you say…..**(READ OPTIONS 1 to 4)**

never	some of the time	most of the time	every time	99 don't know 98 refused
1	2	3	4	

(REPEAT BEFORE EACH QUESTION EXCEPT S8a) **In the past 12 months…..**		yes	no	don't know	refused
S3.	have you spent more time or money gambling than you intended?	1	2	99	98
S4.	have people criticized your gambling?	1	2	99	98
S5.	have you felt guilty about the way you gamble or about what happens when you gamble?	1	2	99	98
S6.	have you felt like you would like to stop gambling, but didn't think that you could?	1	2	99	98
S7.	have you hidden betting slips, lottery tickets, gambling money or other signs of gambling from your spouse or partner, children, or other important people in your life?	1	2	99	98
S8.	**a)** have you **EVER** argued with people you live with over how you handle money? **(IF YES, ASK b)**	1	2	99	98
	b) IN THE PAST YEAR, have these money arguments centered on your gambling?	1	2	99	98
S9.	have you missed time from work due to gambling?	1	2	99	98
S10.	have you borrowed money from someone and not paid them back as a result of your gambling?	1	2	99	98
S11.	have you borrowed from household money to gamble or to pay gambling debts?	1	2	99	98
S12.	have you borrowed money from your spouse or partner to gamble or to pay gambling debts? (**IF RESPONDENT HAS NO SPOUSE/PARTNER, ENTER NO**)	1	2	99	98

(REPEAT BEFORE EACH QUESTION) In the past 12 months.....	yes	no	don't know	refused
S13. have you borrowed money from other relatives or in-laws to gamble or to pay gambling debts? **(INCLUDES CHILDREN AND OTHER FAMILY MEMBERS)**	1	2	99	98
S14. have you gotten loans from banks, loan companies, or credit unions for gambling or to pay gambling debts?	1	2	99	98
S15. have you made cash withdrawals on credit cards such as VISA or MasterCard to get money to gamble or to pay gambling debts? **(DOES NOT INCLUDE ATM OR INSTANT CASH CARDS)**	1	2	99	98
S16. have you gotten loans from loan sharks to gamble or to pay gambling debts?	1	2	99	98
S17. have you cashed in stocks, bonds, or other securities to gamble or pay gambling debts?	1	2	99	98
S18. have you sold personal or family property to gamble or to pay gambling debts?	1	2	99	98
S19. have you borrowed money from your chequing account by writing cheques that bounced to get money for gambling or to pay gambling debts?	1	2	99	98
S20. have you had a credit line with a casino or bookie?	1	2	99	98
S21. have you felt that you had a problem with betting money or gambling?	1	2	99	98

7. In the past 12 months, has someone else's gambling caused any problems for you?

1 yes 2 no 99 don't know 98 refused

IF NO, PROCEED TO SECTION C

8. Whose gambling has caused problems for you? **(CIRCLE ALL THAT APPLY)**

1 spouse
2 child
3 grandchild
4 friend
5 parent
6 other (please specify)_____

99 don't know
98 refused

9. What kind of problem did they cause for you? **(DESCRIBE PROBLEM)**

SECTION C. Seniors Perception of Gambling as a Problem for Seniors

The next few questions are about your perceptions of gambling as a problem for seniors. When I use the term seniors, I am referring to people age 65 and older.

10. Do you think gambling can become an addiction for seniors like alcoholism, drug addiction, or smoking?

1 yes 2 no 99 don't know
98 refused

11. How would you know that a senior has a gambling problem? What would be some of the signs?

(DO NOT READ RESPONSES. RECORD, IN ORDER, 1ST, 2ND AND 3RD RESPONSE)

SIGNS OF A GAMBLING PROBLEM	RESPONSE (1, 2 OR 3)
They go gambling often	
Gamble very quickly	
Make a number of $ withdrawals in the same day	
Broke all the time	
Ask to borrow money	
Don't do repairs	
Change their buying habits (i.e. don't buy new clothes anymore)	
Rather go gambling than do other things (such as visit grand children)	
Turn to crime (shop lifting, etc.)	
. Hard to tell	
. other (please specify)	

99 don't know
98 refused

12. If you or someone close to you had a problem with gambling, who would you turn to or where would you go to talk about the problem?

(DO NOT READ RESPONSES. RECORD, IN ORDER, 1ST, 2ND AND 3RD RESPONSE)
(MAY HAVE TO PROBE FOR ANSWERS)

WHERE TO TURN TO TALK ABOUT PROBLEM	RESPONSE (1, 2 OR 3)
1. family	
2. friend	
3. clergy	
4. counselor	
5. doctor	
6. AADAC	
7. Gamblers Anonymous	
8. Other	

99 don't know
98 refused

13. Who would you call or where would you go if you just wanted some information about problem gambling?

(DO NOT READ RESPONSES. RECORD, IN ORDER, 1ST, 2ND AND 3RD RESPONSE)
(MAY HAVE TO PROBE FOR ANSWERS)

WHERE TO TURN FOR INFORMATION	RESPONSE (1, 2 OR 3)
1. family	
2. friend	
3. clergy	
4. counselor	
5. doctor	
6. AADAC	
7. Gamblers Anonymous	
8. Other	

99 don't know
98 refused

SECTION D: Reaching Seniors

We would like to make sure that seniors are informed of the risks associated with gambling and alcohol use. It is important that seniors have accurate information and know where to go for help if they feel they might have a gambling or alcohol problem.

14. I'm going to read you some possible ways to get information to seniors. I would like you to rate, on a scale of 1 to 10, how successful you think each method would be in keeping seniors informed about gambling or alcohol related issues? A rating of 1 means not very successful and 10 means very successful.

(REVERSE ORDER OF PRESENTATION WITH EACH NEW SUBJECT)

METHOD OF COMMUNICATION	Not very Successful									Very Successful
An advertisement or story in a National newspaper	1	2	3	4	5	6	7	8	9	10
An advertisement or story in a local newspaper	1	2	3	4	5	6	7	8	9	10
A mail-out pamphlet	1	2	3	4	5	6	7	8	9	10
A poster in places where gambling takes place (for example a casino or bingo hall)	1	2	3	4	5	6	7	8	9	10
A poster in a doctor's office	1	2	3	4	5	6	7	8	9	10
Discussion group at a senior citizens drop in centre (or some other place where seniors gather)	1	2	3	4	5	6	7	8	9	10
Lecture or Guest speaker at a senior citizens drop in centre (or some other place where seniors gather)	1	2	3	4	5	6	7	8	9	10
A minister or priest's sermon	1	2	3	4	5	6	7	8	9	10

15. Can you think of any other ways that we could get information out to seniors?

(RECORD)

SECTION E: Alcohol Use Disorders Identification Test (AUDIT)

Now I am going to ask you some questions about your use of alcoholic beverages **during the past year**. By alcoholic beverages, we mean your use of beer, wine, sherry, or hard liquor such as vodka or whiskey. Please try to be as accurate as possible in your answers and remember that all this information is strictly confidential.

16. In the past 12 months, have you consumed any alcohol?

1 yes 2 no 99 don't know 98 refused

IF NO, PROCEED TO SECTION F

(FOR QUESTIONS A1 TO A10, CIRCLE THE NUMBER THAT COMES CLOSEST TO THE RESPONDENT'S ANSWER. IF REQUIRED, READ DEFINITION OF STANDARD DRINK)
A standard drink of alcohol is equal to: 12 oz of beer (1 regular can)
1½ oz of liquor (1 shot glass)
5 oz table wine (1 large wine glass)
3 oz fortified wine like sherry (1 small wine glass)

A1. How often do you have a drink containing alcohol?

Never | Monthly or less | Two to four times a month | Two to three times a week | Four or more times a week | 99 don't know 98 refused

A2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more | 99 don't know 98 refused

A3. How often do you have six or more drinks on one occasion?

Never | Less than monthly | Monthly | Weekly | Daily or almost daily | 99 don't know 98 refused

A4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never | Less than monthly | Monthly | Weekly | Daily or almost daily | 99 don't know 98 refused

A5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never | Less than monthly | Monthly | Weekly | Daily or almost daily | 99 don't know 98 refused

A6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never | Less than monthly | Monthly | Weekly | Daily or almost daily | 99 don't know 98 refused

A7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never | Less than monthly | Monthly | Weekly | Daily or almost daily | 99 don't know 98 refused

A8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never | Less than monthly | Monthly | Weekly | Daily or almost daily | 99 don't know | 98 refused

A9. Have you or someone else been injured as a result of your drinking?

No | Yes, but not in the last year | Yes, during the last year | 99 don't know | 98 refused

A10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No | Yes, but not in the last year | Yes, during the last year | 99 don't know | 98 refused

SECTION F: HEALTH STATUS

The next two questions are about your health.

17. How would you describe your general health at present? Would you say you are...**(READ)?**

Very healthy | Generally healthy | Generally unhealthy | Very unhealthy | Don't Know | (98) refused

18. In the past 12 months, how happy or satisfied have you been with your life? Would you say.... **(READ)**

Very happy | Generally happy | Generally unhappy | Very unhappy | Don't Know | (98) refused

SECTION G: Demographics

Finally, we would like to record some basic information about you. Like all your other answers, these are completely confidential as well.

19. Gender **(DO NOT ASK UNLESS NECESSARY)**

1 male | 2 female | 99 don't know | 98 refused

20. Are you single, married, widowed, or divorced?

1 single | 2 married | 3 widowed | 4 divorced/separated | 99 don't know | 98 refused

21. What is the highest level of formal education you have completed?

1	did not complete high school	5	some university	99 don't know
2	high school graduate	6	university graduate	98 refused
3	some college/technical	7	post-graduate university	
4	college/technical graduate			

22. Can you tell me your age please? **respondent's age** _____

IF RESPONDENT REFUSES TO GIVE AGE – SAY,
I understand that some people don't like to give their age. How about if I read a list of age ranges and you can just stop me when I get to the range that you fall in to?

(1)	65 to 69	(4)	80 to 84	99 don't know
(2)	70 to 74	(5)	85 to 90	98 refused
(3)	75 to 79	(6)	Over 90	

23. Would you say that your total household income before taxes is.....?
(READ EACH CATEGORY UNTIL YOU GET A 'YES' RESPONSE)

1	Less than $10,000	7	$60,000 to $69,000	99 don't know
2	$10,000 to $19,000	8	$70,000 to $79,000	98 refused
3	$20,000 to $29,000	9	$80,000 to $89,000	
4	$30,000 to $39,000	10	$90,000 to $99,000	
5	$40,000 to $49,000	11	$100,000 or more	
6	$50,000 to $59,000			

24. Are you currently employed outside the home on a full-time or part-time basis or are you retired?

1	Employed full time	3	Retired	99 don't know
2	Employed part time	4	Unemployed	98 refused

25. We are hoping to conduct a follow-up study a year from now. Would you be interested in participating again?

IF YES – ASK IF DO NOT ALREADY KNOW FROM PAGE ONE, Could I please have your first name so I can ask for you when I call back?

Contact Name: _____

That ends our survey.
I would like to thank you very much for taking the time to answer our questions.

NOTE: IF SUBJECT IS IN CRISIS AND LOOKING FOR HELP, GIVE THEM THE FOLLOWING INFORMATION.
Seniors who want information, assistance or are in crisis related to gambling, they should call the Gambling Help Line 1-800-665-9676

For crisis issues not related to gambling, you can refer them to the Crisis Management Help Line 1-800-779-5057 (operated by Alberta Mental Health)

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